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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

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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ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

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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CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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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)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	001-Q

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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 E	NODI E				
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	NODI E		******	NODI E	NODI E				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******		Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	NODI E		******	NODI E	NODI E				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	SUM-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
SUM OF OUTFALL 001 AND 002 TSS
Sum
No Discharge ☐

PARAMETER		QUANTITY 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 E		******	******	******	******			
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	823 MO AVG	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ Manger	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Derrick Bosco	(424)214-8743		.0/03/201
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	001-A

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	001-A

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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 E	NODI E				
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	NODI E		******	NODI E	NODI E				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	NODI E		******	NODI E	NODI E				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI E	NODI E				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	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)

General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	SUM-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
SUM OF OUTFALL 001 AND 002 TSS
Sum
No Discharge ☐

PARAMETER		QUANTITY 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 E		******	******	******	******			
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	823 MO AVG	lb/d	******	******	******	******		Quarterly	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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI E		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	NODI E	******		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	2	Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.93	12.22	cfs	******	******	******	******	2	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******		Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5	.51	cfs	******	******	******	******		Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.12	12.39	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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	4 Grabs/24 hours
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	4 Grabs/24 hours
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	0	lb/d	******	0	0	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0168	.0168	mg/L	1	Quarterly	4 Grabs/24 hours
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0832	.0832	mg/L	1	Quarterly	4 Grabs/24 hours
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0664	.0664	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Weekly	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.52	.54	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	4 Grabs/24 hours
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	26	26	mg/L	1	Quarterly	4 Grabs/24 hours
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	67.6	lb/d	******	26	26	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0168	.0168	mg/L	1	Quarterly	4 Grabs/24 hours
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0877	.0877	mg/L	1	Quarterly	4 Grabs/24 hours
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0709	.0709	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	SUM-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
SUM OF OUTFALL 001 AND 002 TSS
Sum
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	199.47	lb/d	******	******	******	******	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	823 MO AVG	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		.0/03/201
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.49	12.8	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5	.52	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

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: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.22	12.8	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick` Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.07	1.72	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.64	11.99	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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	4	Quarterly	24 Hour Composite
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L	4	Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	395.92	lb/d	******	6	6	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.042	.042	mg/L	4	Quarterly	24 Hour Composite
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L	4	Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.006	.006	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	1.68	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	4	Quarterly	24 Hour Composite
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	mg/L	4	Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	28.89	lb/d	******	5	5	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.042	.042	mg/L	4	Quarterly	24 Hour Composite
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.11	.11	mg/L	4	Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.068	.068	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	SUM-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
SUM OF OUTFALL 001 AND 002 TSS
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	424.81	lb/d	******	******	******	******		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	823 MO AVG	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		01/16/2020
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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.19	12.8	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DERRICK BOSCO/ 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.	Derrick Bosco	(424)214-8743		04/17/2020
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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P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.35	1.72	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.21	12.39	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DERRICK BOSCO/ 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.	Derrick Bosco	(424)214-8743		04/17/2020
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: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.52	.54	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DERRICK BOSCO/ 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.	Derrick Bosco	(424)214-8743		04/17/2020
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: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.5	12.8	cfs	******	******	******	******		Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DERRICK BOSCO/ 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.	Derrick Bosco	(424)214-8743		04/17/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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	24 Hour Composite
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L	1	Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	395.6	lb/d	******	6	6	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Quarterly	24 Hour Composite
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.104	.104	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.056	.056	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		04/17/2020
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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5	.52	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DERRICK BOSCO/ 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.	Derrick Bosco	(424)214-8743		04/17/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L	1	Quarterly	24 Hour Composite
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15	15	mg/L		Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	36.5	lb/d	******	13	13	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Quarterly	24 Hour Composite
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.11	.11	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.062	.062	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		04/23/2020
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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	SUM-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
SUM OF OUTFALL 001 AND 002 TSS
Sum
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	432.1	lb/d	******	******	******	******		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	823 MO AVG	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DERRICK BOSCO/ 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.	Derrick Bosco	(424)214-8743		04/17/2020
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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.92	16.9	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.32	5.37	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.05	14.52	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.54	.57	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.28	17.05	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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	24 Hour Composite
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	10	mg/L	1	Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	58.45	lb/d	******	8	8	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L	1	Quarterly	24 Hour Composite
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.079	.079	mg/L	1	Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	0	******	N=0;Y=1	******	******	******	******	4	Monthly when Discharging	Visual
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.38	cfs	******	******	******	******	4	Weekly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	002-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	24 Hour Composite
00530 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	10	mg/L	1	Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	2.28	lb/d	******	8	8	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L	1	Quarterly	24 Hour Composite
00665 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.098	.098	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.2 MO AVG	.4 DAILY MX	mg/L		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226
ATTN: DERRICK BOSCO

ID0028533	SUM-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
SUM OF OUTFALL 001 AND 002 TSS
Sum
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	60.74	lb/d	******	******	******	******	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	823 MO AVG	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Derrick Bosco/ 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.	Derrick Bosco	(424)214-8743		07/20/2020
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
General: Permit Table 1 has requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS HYDRO CANAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******			******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	******	0 MO MAX	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: GARDEN CREEK FARMS
ADDRESS: 15196 HWY 93
CHALLIS, ID 83226
FACILITY: GARDEN CREEK FARMS
LOCATION: 15196 HWY 93
CHALLIS, ID 83226

ATTN: DERRICK BOSCO

PERMIT NUMBER	DISCHARGE NUMBER
ID0028533	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83226
MINOR
(SUBR 04)
WARM SPRINGS CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT		******		******	******	******	******			
45613 P 0 See Comments	PERMIT REQUIREMENT	0 MO MAX	******	N=0;Y=1	******	******	******	******		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	******	******	******	******		Weekly	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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)

General: Permit Table 1 gives requirements.
P=Effluent, see Permit Part I.C.2 for full narrative description.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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	******	******	******	******	.045	.045			Monthly	
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	1.72	1.72		******	.031	.031			Monthly	
00665 2 0 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	******	******	******	******	.014	.014			Monthly	
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.	SIGNATURE OF PRINCIPAL 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.27		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-2258.04	-2258.04		******	-4.57	-4.57			Monthly	
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	******	******	******	******	5.57	5.57			Monthly	
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			Monthly	
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	-3.46	-3.46		******	-.007	-.007			Monthly	
00665 2 0 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	******	******	******	******	.067	.067			Monthly	
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.	SIGNATURE OF PRINCIPAL 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	91.5		******	******	******	******			
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.

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IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.1	19.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.11	******	7.34				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10.6	10.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.25	1.25		******	5.03	5.03				
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	******	******	******	******	******	1390				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.84	1.84				
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				
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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MONITORING PERIOD	
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07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.135	.135		******	.545	.545				
00665 2 0 Effluent Net	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	******	.046		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.24	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-2256.79	-2256.79		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-1.6	-1.6		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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			Monthly	
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	2.53	2.53		******	.047	.047			Monthly	
00665 2 0 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	******	******	******	******	.013	.013			Monthly	
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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RACEWAYS
External Outfall

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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	******	9.97		******	******	******	******			
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			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1482.4	-1482.4		******	-3.03	-3.03			Monthly	
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	******	******	******	******	4.03	4.03			Monthly	
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	******	******	******	******	.05	.05			Monthly	
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	-1.96	-1.96		******	-.004	-.004			Monthly	
00665 2 0 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	******	******	******	******	.054	.054			Monthly	
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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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	90.6		******	******	******	******		Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	10.6	10.6			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.44	1.44		******	6.57	6.57			Monthly	
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	******	******	******	******	******	11700			Monthly	
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	******	******	******	******	.566	.566			Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.112	.112		******	.512	.512			Monthly	
00665 2 0 Effluent Net	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	******	.0405		******	******	******	******		Monthly	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.91	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1480.96	-1480.96		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.69	.69		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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				
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	1.13	1.13		******	.021	.021				
00665 2 0 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	******	******	******	******	.014	.014				
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)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	9.97		******	******	******	******			
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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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-865.6	-865.6		******	-1.57	-1.57				
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	******	******	******	******	2.57	2.57				
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				
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	-7.72	-7.72		******	-.014	-.014				
00665 2 0 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	******	******	******	******	.063	.063				
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	102.1		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	3.53	3.53				
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	.19		******	.96	.96				
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	******	******	******	******	******	6850				
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	******	******	******	******	.307	.307				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.049	.049		******	.244	.244				
00665 2 0 Effluent Net	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	******	.0375		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.95	******	******				
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			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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-865.41	-865.41		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-6.54	-6.54		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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			Monthly	
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	1.98	1.98		******	.033	.033			Monthly	
00665 2 0 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	******	******	******	******	.013	.013			Monthly	
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					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.09		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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			Monthly	
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	1.12	1.12		******	.002	.002			Monthly	
00665 2 0 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	******	******	******	******	.047	.047			Monthly	
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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	104.1		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.2	13.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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		******	0	0				
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	******	******	******	******	******	4200				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.654	.654				
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	******	******	******	******	.045	.045				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.045	.045		******	.063	.063				
00665 2 0 Effluent Net	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	******	.1325		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******				
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			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.15	3.15		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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	******	******	******	******	.059	.059				
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	2.69	2.69		******	.045	.045				
00665 2 0 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	******	******	******	******	.014	.014				
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					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.09		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1191.57	-1191.57		******	-2.03	-2.03				
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	******	******	******	******	3.03	3.03				
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				
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	-.59	-.59		******	-.001	-.001				
00665 2 0 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	******	******	******	******	.054	.054				
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.	SIGNATURE OF PRINCIPAL 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	108.7		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	6.14	6.14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.11	2.11		******	3.11	3.11				
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	******	******	******	******	******	2040				
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	******	******	******	******	.235	.235				
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: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.123	.123		******	.181	.181				
00665 2 0 Effluent Net	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	******	.12574		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******				
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: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1189.46	-1189.46		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.23	2.23		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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			Monthly	
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	3.89	3.89		******	.07	.07			Monthly	
00665 2 0 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	******	******	******	******	.017	.017			Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.29		******	******	******	******		Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.28	3.28			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-3721.37	-3721.37		******	-6.62	-6.62			Monthly	
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	******	******	******	******	9.9	9.9			Monthly	
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			Monthly	
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	-44.41	-44.41		******	.079	.079			Monthly	
00665 2 0 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	******	******	******	******	.17	.17			Monthly	
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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	104.1		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	6.1	6.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-.83	-.83		******	-3.8	-3.8				
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	******	******	******	******	******	12400				
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	.2				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.007	.007		******	.03	.03				
00665 2 0 Effluent Net	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	******	.0405		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.95	******	******				
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			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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-3722.2	-3722.2		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-40.51	-40.51		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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	******	******	******	******	.082	.082			Monthly	
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	3.44	3.44		******	.063	.063			Monthly	
00665 2 0 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	******	******	******	******	.019	.019			Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.11		******	******	******	******			
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)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.18	3.18			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1798.27	-1798.27		******	-3.23	-3.23			Monthly	
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	******	******	******	******	6.41	6.41			Monthly	
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	******	******	******	******	.042	.042			Monthly	
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	-5.57	-5.57		******	-.01	-.01			Monthly	
00665 2 0 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			Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	103.1		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	5.9	5.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.47				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.47	4.47				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-.51	-.51		******	1.94	-1.94				
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	******	******	******	******	******	4710				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.992	.992			Monthly	
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	******	******	******	******	.285	.285				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.061	.061		******	.233	.233				
00665 2 0 Effluent Net	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	******	.0485		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.91	******	******				
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			AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1798.78	-1798.78		******	******	******	******		Monthly	
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-2.07	-2.07		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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			Monthly	
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	2.48	2.48		******	.046	.046			Monthly	
00665 2 0 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	******	******	******	******	.014	.014			Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10		******	******	******	******		Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15.1	15.1			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-9207.38	-9207.38		******	-16.7	-16.7			Monthly	
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	******	******	******	******	31.8	31.8			Monthly	
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			Monthly	
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	-346.24	-346.24		******	-.628	-.628			Monthly	
00665 2 0 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	******	******	******	******	.689	.689			Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	102.1		******	******	******	******		Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-9.77	-9.77		******	-30.8	-30.8			Monthly	
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	******	******	******	******	******	4490			Monthly	
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	******	******	******	******	.14	.14			Monthly	
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.174	-.174		******	-.549	-.549			Monthly	
00665 2 0 Effluent Net	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	******	.058765		******	******	******	******		Monthly	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******			Monthly	
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-9217.15	-9217.15		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-343.93	-343.93		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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			Monthly	
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		******	0	0			Monthly	
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			Monthly	
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	******	******	******	******	.054	.054			Monthly	
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	2.18	2.18		******	.041	.041			Monthly	
00665 2 0 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	******	******	******	******	.013	.013			Monthly	
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
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	9.83		******	******	******	******			
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.99	3.99			Monthly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-6453.93	-6453.93		******	-11.81	-11.81			Monthly	
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	******	******	******	******	15.8	15.8			Monthly	
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			Monthly	
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	-12.57	-12.57		******	-.023	-.023			Monthly	
00665 2 0 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	******	******	******	******	.089	.089			Monthly	
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					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	101.2		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	13.6	13.6				
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	-.55		******	-2.2	-2.2				
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	******	******	******	******	******	14000				
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	******	******	******	******	1.4	1.4				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.326	.326		******	1.311	1.311				
00665 2 0 Effluent Net	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	******	.046		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******				
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					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-6454.48	-6454.48		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-10.07	-10.07		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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				
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	1.41	1.41		******	.027	.027				
00665 2 0 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	******	******	******	******	.014	.014				
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
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	9.69		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.19	3.19				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1453.64	-1453.64		******	-2.66	-2.66				
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	******	******	******	******	5.85	5.85				
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				
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	-10.38	-10.38		******	-.019	-.019				
00665 2 0 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	******	******	******	******	.072	.072				
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			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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	101.2		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	13.9				
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				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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		******	-4.85	-4.85				
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	******	******	******	******	******	16500				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.48	.48				
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	******	******	******	******	.182	.182				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.041	.041		******	.11	.11				
00665 2 0 Effluent Net	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	******	.06879		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******				
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			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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1455.44	-1455.44		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-8.93	-8.93		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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	******	******	******	******	.054	.054				
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	2.31	2.31		******	.041	.041				
00665 2 0 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	******	******	******	******	.013	.013				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.42		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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				
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	.61	.61		******	.001	.001				
00665 2 0 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	******	******	******	******	.045	.045				
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)
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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	112.1		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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				
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		******	0	0				
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	******	******	******	******	******	19900				
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	******	******	******	******	.129	.129				
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.107	.107		******	.129	.129				
00665 2 0 Effluent Net	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	******	.15408		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******				
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.02	3.02		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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				
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	4.3	4.3		******	.077	.077				
00665 2 0 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	******	******	******	******	.014	.014				
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					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.35		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-899.52	899.52		******	-1.57	-1.57				
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	******	******	******	******	2.57	2.57				
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	******	******	******	******	.065	.065				
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	-.57	-.57		******	-.001	-.001				
00665 2 0 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	******	******	******	******	.066	.066				
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					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	106.1		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	2.6	2.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.01	.01		******	.03	.03				
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	******	******	******	******	******	1770				
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	******	******	******	******	.164	.164				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.031	.031		******	.098	.098				
00665 2 0 Effluent Net	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	******	.05826		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.85	******	******				
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			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

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-899.51	-899.51		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.76	3.76		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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	******	******	******	******	.04	.04				
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	1.38	1.38		******	.026	.026				
00665 2 0 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	******	******	******	******	.014	.014				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	9.83		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-545.44	-545.44		******	-1.07	-1.07				
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	******	******	******	******	2.07	2.07				
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	******	******	******	******	.064	.064				
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	-3.06	-3.06		******	-.006	-.006				
00665 2 0 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	******	******	******	******	.07	.07				
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)

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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	94.4		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	18.3				
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	******	******	******	******	4.72	4.72				
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	.44		******	2.65	2.65				
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	******	******	******	******	******	12700				
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	******	******	******	******	.348	.348				
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					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.046	.046		******	.278	.278				
00665 2 0 Effluent Net	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	******	.03074		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.96	******	******				
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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-545	-545		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-1.63	-1.63		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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	******	******	******	******	.063	.063				
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	2.27	2.27		******	.044	.044				
00665 2 0 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	******	******	******	******	.019	.019				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	9.55		******	******	******	******			
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)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1171.02	-1171.02		******	-2.37	-2.37				
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	******	******	******	******	3.37	3.37				
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				
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	.99	.99		******	.002	.002				
00665 2 0 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	******	******	******	******	.071	.071				
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)

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	91.5		******	******	******	******			
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			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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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.8	17.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.12				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8.95	8.95				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.62	1.62		******	5.58	5.58				
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	******	******	******	******	******	3200				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.23	8.23				
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				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.486	.486		******	1.679	1.679				
00665 2 0 Effluent Net	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	******	.05361		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.72	******	******				
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			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

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1169.4	-1169.4		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.74	3.74		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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	******	******	******	******	.031	.031				
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	1.05	1.05		******	.019	.019				
00665 2 0 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	******	******	******	******	.012	.012				
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.2		******	******	******	******			
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)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1874.88	1874.88		******	-4	-4				
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	******	******	******	******	5	5				
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				
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	-99.84	-99.84		******	-.213	-.213				
00665 2 0 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	******	******	******	******	.259	.259				
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
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	86.8		******	******	******	******			
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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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	15.4				
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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1.56	-1.56		******	-4	-4				
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	******	******	******	******	******	11100				
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	******	******	******	******	.08	.08				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.07	-.07		******	-.179	-.179				
00665 2 0 Effluent Net	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	******	.0723		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******				
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			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

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1876.44	-1876.44		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-98.86	-98.86		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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				
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	2.04	2.04		******	.035	.035				
00665 2 0 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	******	******	******	******	.021	.021				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.79		******	******	******	******			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.12	5.12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1808.18	-1808.18		******	-4.36	-4.36				
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	******	******	******	******	9.48	9.48				
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	******	******	******	******	.058	.058				
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	-12.86	-12.86		******	-.031	-.031				
00665 2 0 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	******	******	******	******	.089	.089				
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
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	76.8		******	******	******	******			
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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Form Approved
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HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.1	12.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.25	******	7.36				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.29	2.29				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1.03	-1.03		******	-7.19	-7.19				
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	******	******	******	******	******	14000				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.45	1.45				
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	******	******	******	******	.385	.385				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.042	.042		******	.296	.296				
00665 2 0 Effluent Net	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	******	.02645		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******				
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			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)
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ADDRESS: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1809	-1809		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-10.77	-10.77		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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	******	******	******	******	.074	.074				
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	2.97	2.97		******	.051	.051				
00665 2 0 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	******	******	******	******	.023	.023				
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
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.79		******	******	******	******			
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.29	5.29				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-286.7	-286.7		******	-.52	-.52				
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	******	******	******	******	5.81	5.81				
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				
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	-13.78	-13.78		******	-.025	-.025				
00665 2 0 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	******	******	******	******	.098	.098				
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					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	102.1		******	******	******	******			
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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1.35	-1.35		******	-4.81	-4.81				
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	******	******	******	******	******	2610				
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	******	******	******	******	.168	.168				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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		******	.07	.07				
00665 2 0 Effluent Net	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	******	.05192		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.96	******	******				
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)
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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: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-288.05	-288.05		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-10.79	-10.79		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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				
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		******	0	0				
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				
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				
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	3.87	3.87		******	.067	.067				
00665 2 0 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	******	******	******	******	.014	.014				
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					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.71		******	******	******	******			
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)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-2642.06	2642.06		******	-4.7	-4.7				
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	******	******	******	******	15.7	15.7				
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				
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	-29.79	-29.79		******	-.053	-.053				
00665 2 0 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	******	******	******	******	.147	.147				
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					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	104.1		******	******	******	******			
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)
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1.51	-1.51		******	-14.7	-14.7				
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	******	******	******	******	******	4190				
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	******	******	******	******	.36	.36				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.022	.022		******	.213	.213				
00665 2 0 Effluent Net	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	******	.01899		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******				
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			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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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-2643.57	-2643.57		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-25.9	-25.9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 0 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		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	******	******	******	******	.069	.069	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	3.03	3.03	lb/d	******	.055	.055	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	******	******	******	******	.014	.014	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.2	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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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9.95	9.95	mg/L		Monthly	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	-6967.62	-6967.62	lb/d	******	-12.75	-12.75	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		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22.7	22.7	mg/L		Monthly	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	******	******	******	******	.096	.096	mg/L		Monthly	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	-21.31	-21.31	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		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.135	.135	mg/L		Monthly	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)
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	101.2	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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TYPED OR PRINTED		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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IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.2	8.2	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	******	******	******	8.14	******	8.26	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.88	4.88	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-4.18	-4.18	lb/d	******	-17.82	-17.82	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	******	******	******	******	******	1320	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	******	******	******	******	.442	.442	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	******	******	******	******	.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

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)543-6444		02/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.003	-.003	lb/d	******	-.012	-.012	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.04346	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.63	******	******	%		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	10	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	-2069.55	-2069.55	lb/d	******	-35	-35	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	******	******	******	******	45	45	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	******	******	******	******	.0025	.0025	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	-12.09	-12.09	lb/d	******	-.205	-.205	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	******	******	******	******	.207	.207	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
Dirk Bogaard/ 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.	Dirk Bogaard	(208)543-6444		03/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Flooding happened this month

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.95	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flooding happened this month

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	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	-109446.12	-109446.12	lb/d	******	-217	-217	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	******	******	******	******	224	224	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	******	******	******	******	.1	.1	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	-443.84	-443.84	lb/d	******	-.88	-.88	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	******	******	******	******	.98	.98	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)
flooding all month

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	93.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Dirk Bogaard/ 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.	Dirk Bogaard	(208)543-6444		03/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	4.3	4.3	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	******	******	******	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	-40.36	-40.36	lb/d	******	-211	-211	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	******	******	******	******	.878	.878	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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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)543-6444		03/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	-.102	-.102	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.03542	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.88	******	******	%		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: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-111556.03	-111556.03	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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

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NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-455.95	-455.95	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	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	******	******	******	******	.05	.05	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	******	******	******	******	.076	.076	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	.67	.67	lb/d	******	.011	.011	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	******	******	******	******	.065	.065	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)

I am unable to attach supporting documents to this DMR submission. Your program won't allow attachments with a space or period or anything normal in the file name. Get this program corrected to work effeciently

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.27	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-1686.42	-1686.42	lb/d	******	-3	-3	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	******	******	******	******	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	******	******	******	******	.099	.099	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	-3.93	-3.93	lb/d	******	-.007	-.007	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	******	******	******	******	.106	.106	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)
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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	104.1	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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	1	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	-.31	-.31	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	******	******	******	******	******	8080	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	******	******	******	******	.215	.215	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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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)543-6444		04/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.011	.011	lb/d	******	.109	.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	******	.019285	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1686.73	-1686.73	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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HAGERMAN, ID 83332

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-3.25	-3.25	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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

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NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.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	4.22	4.22	lb/d	******	.073	.073	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	******	******	******	******	.0025	.0025	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)
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NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.79	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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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-5621.4	-5621.4	lb/d	******	-10	-10	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	******	******	******	******	12	12	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	******	******	******	******	.059	.059	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	-56.78	-56.78	lb/d	******	-.101	-.101	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	******	******	******	******	.16	.16	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	104.1	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.	Dirk Bogaard	(208)543-6444		05/18/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.1	12.1	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	******	******	******	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	******	******	******	******	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	-2.8	-2.8	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	******	******	******	******	******	9050	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	******	******	******	******	.14	.14	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	******	******	******	******	.114	.114	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.013	-.013	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05192	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-5624.2	-5624.2	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-52.56	-52.56	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.07	.07	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	2.76	2.76	lb/d	******	.047	.047	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	******	******	******	******	.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
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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.89	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: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 0 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		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	******	******	******	******	.034	.034	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	3.53	3.53	lb/d	******	.006	.006	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	******	******	******	******	.028	.028	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

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	109.1	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.	Dirk Bogaard	(208)837-6444		06/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	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	-.35	-.35	lb/d	******	-1.5	-1.5	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	******	******	******	******	******	3140	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	******	******	******	******	.212	.212	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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.043	.043	lb/d	******	.184	.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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.04346	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-.35	-.35	lb/d	******	******	******	******		Quarterly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.34	6.34	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	31.05	31.05	lb/d	******	.5	.5	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	******	******	******	******	.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	******	******	******	******	.079	.079	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	-3.17	-3.17	lb/d	******	-.051	-.051	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	******	******	******	******	.13	.13	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.5	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	******	******	******	******	.02	.02	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	-17.65	-17.65	lb/d	******	-.035	-.035	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	******	******	******	******	.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

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	93.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		07/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.1	18.1	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	******	******	******	******	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	.26	.26	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	******	******	******	******	******	1260	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	******	******	******	******	.463	.463	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: FISHERIES DEVELOPMENT CORPORATION
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.035	.035	lb/d	******	.408	.408	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.0158	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.68	******	******	%		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: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
Sum
No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	31.31	31.31	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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 the loading here is negative here just as much as IDG130020 was positive

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-20.78	-20.78	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	92.91	92.91	lb/d	******	1.5	1.5	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	******	******	******	******	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	******	******	******	******	.0025	.0025	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	******	******	******	******	.0025	.0025	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
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.47	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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MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-999	-999	lb/d	******	-2	-2	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	******	******	******	******	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	******	******	******	******	.0025	.0025	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	-14.24	-14.24	lb/d	******	-.029	-.029	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	******	******	******	******	.031	.031	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.	Dirk Bogaard	(208)837-6444		08/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	92.5	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

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.1	18.1	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	******	******	******	7.39	******	7.42	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	-1.42	-1.42	lb/d	******	-2.5	-2.5	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	******	******	******	******	******	4240	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	******	******	******	******	.025	.025	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	******	******	******	******	.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

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: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.033	.033	lb/d	******	.058	.058	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.10491	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-907.51	-907.51	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-14.2	-14.2	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.008	.008	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	.34	.34	lb/d	******	.006	.006	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	******	******	******	******	.0025	.0025	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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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.49	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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DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	-1601.02	-1601.02	lb/d	******	-3.5	-3.5	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	******	******	******	******	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	******	******	******	******	.045	.045	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	-5.95	-5.95	lb/d	******	-.013	-.013	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	******	******	******	******	.058	.058	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.	Dirk Bogaard	(208)837-6444		09/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	84.71	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)
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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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.3	16.3	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	******	******	******	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	-2.79	-2.79	lb/d	******	-3.5	-3.5	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	******	******	******	******	******	1460	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	******	******	******	******	.192	.192	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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BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.192	.192	lb/d	******	.134	.134	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.14756	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1603.81	-1603.81	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-5.5	-5.5	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.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	4.65	4.65	lb/d	******	.077	.077	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	******	******	******	******	.014	.014	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)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.18	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.092	.092	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	-6.3	-6.3	lb/d	******	-.011	-.011	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	******	******	******	******	.103	.103	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.	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.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	106.1	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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.2	18.2	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	******	******	******	7.14	******	7.18	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	.41	.41	lb/d	******	2.5	2.5	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	******	******	******	******	******	547	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	******	******	******	******	.352	.352	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

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BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.041	.041	lb/d	******	.249	.249	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.03074	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.45	******	******	%		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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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	.41	.41	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-1.61	-1.61	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.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	5.04	5.04	lb/d	******	.075	.075	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	******	******	******	******	.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
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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: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.44	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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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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		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	-1159.92	-1159.92	lb/d	******	-3	-3	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	******	******	******	******	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	******	******	******	******	.071	.071	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	-6.96	-6.96	lb/d	******	-.018	-.018	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	******	******	******	******	.089	.089	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.	Dirk Bogaard	(208)837-6444		.1/17/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	71.6	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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.6	12.6	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	******	******	******	7.04	******	7.06	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	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	-.43	-.43	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	******	******	******	******	******	5140	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	******	******	******	******	.025	.025	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	******	******	******	******	.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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.003	-.003	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.0158	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference 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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1160.35	-1160.35	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-1.92	-1.92	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.081	.081	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	1.5	1.5	lb/d	******	.022	.022	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	******	******	******	******	.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.	Dirk Bogaard	(208)837-6444		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	.080118	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		.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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-937.44	-937.44	lb/d	******	-2	-2	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	******	******	******	******	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	******	******	******	******	.103	.103	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	-28.59	-28.59	lb/d	******	-.061	-.061	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	******	******	******	******	.164	.164	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	86.8	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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.3	11.3	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	******	******	******	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	-1.51	-1.51	lb/d	******	-3.5	-3.5	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	******	******	******	******	******	2850	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	******	******	******	******	.105	.105	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.026	-.026	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.080118	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-27.12	-27.12	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		01/09/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.83	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		01/09/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	62.2	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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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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BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.7	11.7	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	******	******	******	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	-1.13	-1.13	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	******	******	******	******	******	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	******	******	******	******	.211	.211	mg/L			
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)
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.009	.009	lb/d	******	.1	.1	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.017483	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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.13	-1.13	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.009	.009	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	.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	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	******	******	******	******	.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	******	******	******	******	.025	.025	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	******	******	******	******	.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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		02/20/2018
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)
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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.63	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		02/20/2018
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	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	-4908.6	-4908.6	lb/d	******	-15	-15	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	******	******	******	******	22	22	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	******	******	******	******	.08	.08	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	-19.63	-19.63	lb/d	******	-.06	-.06	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	******	******	******	******	.14	.14	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	60.6	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.	Dirk Bogaard	(208)837-6444		02/20/2018
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	5.3	5.3	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	******	******	******	7.68	******	7.78	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	-14.73	-14.73	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	******	******	******	******	******	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	******	******	******	******	.25	.25	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	******	******	******	******	.26	.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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.088	.088	lb/d	******	.12	.12	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.13639	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-4923.33	-4923.33	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-19.546	-19.546	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		03/20/2018
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.48	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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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	61.4	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.5	12.5	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	******	******	******	******	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	3.43	3.43	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	******	******	******	******	******	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	******	******	******	******	.886	.886	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.453	.453	lb/d	******	.791	.791	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.10596	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	3.43	3.43	lb/d	******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.453	.453	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		04/19/2018
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.33	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	62.2	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2	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	******	******	******	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	1.87	1.87	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	******	******	******	******	******	9920	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	******	******	******	******	.462	.462	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.242	.242	lb/d	******	.388	.388	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.1156	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.88	******	******	%		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
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	1.87	1.87	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.242	.242	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	1.23	1.23	lb/d	******	.02	.02	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	******	******	******	******	.017	.017	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.	Dirk Bogaard	(208)837-6444		05/18/2018
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.36	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-1075.68	-1075.68	lb/d	******	-3	-3	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	******	******	******	******	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	******	******	******	******	.047	.047	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	-3.59	-3.59	lb/d	******	-.01	-.01	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	******	******	******	******	.057	.057	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	66.4	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.5	12.5	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	******	******	******	7.02	******	7.12	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	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	-.61	-.61	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	******	******	******	******	******	6400	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.283	.283	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.046	.046	lb/d	******	.226	.226	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.03796	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1076.29	-1076.29	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-2.312	-2.312	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		06/19/2018
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.55	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

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	68.1	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)
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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

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.2	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	******	******	******	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	******	******	******	******	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	-1.99	-1.99	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	******	******	******	******	******	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	******	******	******	******	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	******	******	******	******	.097	.097	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
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.001	.001	lb/d	******	.005	.005	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.046	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.99	-1.99	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.001	.001	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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MONITORING PERIOD	
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06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	13.28	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

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OMB No. 2040-0004

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	64.7	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

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.2	20.2	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	******	******	******	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	******	******	******	******	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	.28	.28	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	******	******	******	******	******	4860	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	******	******	******	******	.203	.203	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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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.01	lb/d	******	.138	.138	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.01296	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.88	******	******	%		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
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	.28	.28	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.01	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	******	******	******	******	.045	.045	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	1.91	1.91	lb/d	******	.03	.03	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	******	******	******	******	.015	.015	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.	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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.78	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
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 7	NODI 7				
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 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
00665 2 0 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 7	NODI 7				
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 7				
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)

This outfall has no water diverted into it. We are performing some major maintenance that requires a dry project. Please see the attached photo showing that the water is bypassing the raceways and going directly to a hydro power plant

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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 7				
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 7		******	******	******	******			
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)

This outfall has no water diverted into it. We are performing some major maintenance that requires a dry project. Please see the attached photo showing that the water is bypassing the raceways and going directly to a hydro power plant

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 7	NODI 7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 7	******	NODI 7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
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	******	******	******	******	******	NODI 7				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 7	NODI 7				
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	******	******	******	******	NODI 7	NODI 7				
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)

This OSB has no influent due to ongoing maintenance in the raceways that supply the waste stream. Please see the attached photo of the dry OSB

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 7	NODI 7		******	NODI 7	NODI 7				
00665 2 0 Effluent Net	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	******	NODI 7		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 7	******	******				
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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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.908	1.908	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.09	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
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 7	NODI 7				
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 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
00665 2 0 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 7	NODI 7				
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 7				
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)

This outfall has no influent due to ongoing repairs

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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 7				
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 7		******	******	******	******			
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)
This outfall has no influent due to ongoing repairs

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 7	NODI 7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 7	******	NODI 7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
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	******	******	******	******	******	NODI 7				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 7	NODI 7				
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	******	******	******	******	NODI 7	NODI 7				
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: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 7	NODI 7		******	NODI 7	NODI 7				
00665 2 0 Effluent Net	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	******	NODI 7		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 7	******	******				
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: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

This is a correction to an earlier submission

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.73	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
This is a correction to an earlier submission

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
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 7	NODI 7				
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 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
00665 2 0 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 7	NODI 7				
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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
this outfall is still off line

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	NODI 7		******	******	******	******			
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
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
this outfall is still off line

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 7	NODI 7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 7	******	NODI 7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 7	NODI 7				
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 7	NODI 7		******	NODI 7	NODI 7				
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	******	******	******	******	******	NODI 7				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 7	NODI 7				
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	******	******	******	******	NODI 7	NODI 7				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 7	NODI 7		******	NODI 7	NODI 7				
00665 2 0 Effluent Net	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	******	NODI 7		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 7	******	******				
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)
this outfall is still off line

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	Dirk Bogaard	(208)837-6444		.0/24/201
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	******	******	******	******	.034	.034	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	1.08	1.08	lb/d	******	.016	.016	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	******	******	******	******	.018	.018	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.51	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		.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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-1036.8	-1036.8	lb/d	******	-4	-4	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	******	******	******	******	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	******	******	******	******	.043	.043	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	-1.81	lb/d	******	-.007	-.007	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	******	******	******	******	.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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		.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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.9	18.9	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	******	******	******	7.35	******	7.38	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	-.84	-.84	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	******	******	******	******	******	4320	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	******	******	******	******	.14	.14	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	******	******	******	******	.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

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

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.001	.001	lb/d	******	.005	.005	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.05192	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.95	******	******	%		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1037.64	-1037.64	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.732	-.732	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	Dirk Bogaard	(208)837-6444		.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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

Form Approved
OMB No. 2040-0004

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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.55	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

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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	13	13	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	******	******	******	******	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	******	******	******	******	.362	.362	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	46.5	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

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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	5.1	5.1	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	******	******	******	******	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	-1.1	-1.1	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	******	******	******	******	******	4420	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	******	******	******	******	.162	.162	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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NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.024	-.024	lb/d	******	-.2	-.2	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.02254	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.1	-1.1	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.024	-.024	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	Dirk Bogaard	(208)837-6444		.2/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

Form Approved
OMB No. 2040-0004

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.11	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	46.5	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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	1	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	-1.41	-1.41	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	******	******	******	******	******	6880	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	******	******	******	******	.038	.038	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.016	-.016	lb/d	******	-.28	-.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	******	.01044	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.41	-1.41	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

Form Approved
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.016	-.016	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-245.59	-245.59	lb/d	******	-4	-4	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	******	******	******	******	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	******	******	******	******	.07	.07	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	2.46	2.46	lb/d	******	.04	.04	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	******	******	******	******	.03	.03	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.37	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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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	1652.4	1652.4	lb/d	******	6	6	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	******	******	******	******	10	10	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	******	******	******	******	.055	.055	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	-6.61	-6.61	lb/d	******	-.024	-.024	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	******	******	******	******	.079	.079	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	4.9	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	******	******	******	7.12	******	7.14	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	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	-2.24	-2.24	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	******	******	******	******	******	1140	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	******	******	******	******	.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

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

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.002	-.002	lb/d	******	-.01	-.01	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.046	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.91	******	******	%		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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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	1404.57	1404.57	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-4.156	-4.156	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-4.156	-4.156	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.32	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	46.5	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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.5	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	******	******	******	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	-2.55	-2.55	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	******	******	******	******	******	11900	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	******	******	******	******	.176	.176	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05913	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-2.55	-2.55	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.021	.021	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.32	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	46.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******	1	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	-1.72	-1.72	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	******	******	******	******	******	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	******	******	******	******	.167	.167	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.018	.018	lb/d	******	.093	.093	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.03542	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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TYPED OR PRINTED		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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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.72	-1.72	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.018	.018	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	******	******	******	******	.04	.04	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	1.34	1.34	lb/d	******	.023	.023	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	******	******	******	******	.017	.017	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)

I overlooked requesting TAN analysis like I normally do during the fist monitoring period of the quarter for receiving water. I'll have to sample again this quarter to get the report accomplished.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.8	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		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)

I overlooked requesting TAN analysis like I normally do during the fist monitoring period of the quarter for receiving water. I'll have to sample again this quarter to get the report accomplished.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-1463.4	-1463.4	lb/d	******	-5	-5	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	******	******	******	******	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	******	******	******	******	.046	.046	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	-9.07	-9.07	lb/d	******	-.031	-.031	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	******	******	******	******	.077	.077	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.	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	54.2	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	11.5	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	******	******	******	7.34	******	7.38	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	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	-1.45	-1.45	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	******	******	******	******	******	1910	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	******	******	******	******	.17	.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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.027	.027	lb/d	******	.093	.093	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.053725	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.95	******	******	%		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: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1464.85	-1464.85	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-7.705	-7.705	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

Form Approved
OMB No. 2040-0004

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NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.11	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	5	5	mg/L			
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	******	******	******	******	.064	.064	mg/L			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	56.5	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)

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

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ADDRESS: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.1	12.1	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	******	******	******	******	1	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	-1.12	-1.12	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	******	******	******	******	******	3370	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	******	******	******	******	.273	.273	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.059	.059	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	******	.05192	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

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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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.12	-1.12	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	Dirk Bogaard	(208)837-6444		06/20/2019
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)
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.059	.059	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.97	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	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	******	******	******	******	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	******	******	******	******	.078	.078	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	53.4	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17	17	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	******	******	******	7.38	******	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	******	******	******	******	1	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	-1.41	-1.41	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	******	******	******	******	******	9430	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	******	******	******	******	.57	.57	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	******	******	******	******	.153	.153	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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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.026	.026	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.06506	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******	%		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.	Dirk Bogaard	(208)837-6444		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.41	-1.41	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.026	.026	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.14	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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	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	******	******	******	******	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	******	******	******	******	.08	.08	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	62.2	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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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.9	16.9	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	******	******	******	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	******	******	******	******	1	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	-.19	-.19	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	******	******	******	******	.232	.232	mg/L			
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.014	.014	lb/d	******	.152	.152	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.01748	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		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.	Dirk Bogaard	(208)837-6444		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-.19	-.19	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.014	.014	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	******	******	******	******	.045	.045	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	1.75	1.75	lb/d	******	.029	.029	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	******	******	******	******	.016	.016	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.17	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY 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	-753.3	-753.3	lb/d	******	-3	-3	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	******	******	******	******	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	******	******	******	******	.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	-6.78	-6.78	lb/d	******	-.027	-.027	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	******	******	******	******	.093	.093	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	46.5	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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	7.12	******	7.23	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	-.14	-.14	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	******	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	******	******	******	******	.58	.58	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	******	******	******	******	.134	.134	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.006	.006	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.02532	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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-753.44	-753.44	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-5.025	-5.025	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.93	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	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	******	******	******	******	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	******	******	******	******	.105	.105	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	63.9	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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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	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	******	******	******	******	1	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	-1.36	-1.36	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	******	******	******	******	******	5800	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	******	******	******	******	.141	.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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.01	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.050545	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1.36	-1.36	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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

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NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.01	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	******	******	******	******	.034	.034	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	1.39	1.39	lb/d	******	.021	.021	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	******	******	******	******	.013	.013	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.28	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-1730.16	-1730.16	lb/d	******	-6	-6	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	******	******	******	******	7	7	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	-19.61	-19.61	lb/d	******	-.068	-.068	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	******	******	******	******	.109	.109	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: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	53.4	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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TYPED OR PRINTED		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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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.2	11.2	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	******	******	******	7.2	******	7.24	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	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	-3.43	-3.43	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	******	******	******	******	******	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	******	******	******	******	.22	.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	******	******	******	******	.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

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		.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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.011	-.011	lb/d	******	-.02	-.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	******	.10596	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	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
MAJOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1733.59	-1733.59	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-18.227	-18.227	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.15	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	64	64	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	******	******	******	******	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	******	******	******	******	.124	.124	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)
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ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	9.3	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	******	******	******	7.21	******	7.23	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	-15.4	-15.4	lb/d	******	-62	-62	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	******	******	******	******	******	9860	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	******	******	******	******	.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

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		.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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.005	-.005	lb/d	******	-.021	-.021	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.046	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-15.4	-15.4	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.005	-.005	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	12.15	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	25	25	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	******	******	******	******	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	******	******	******	******	.137	.137	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	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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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.1	9.1	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	******	******	******	******	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	-3.32	-3.32	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	******	******	******	******	******	6310	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	******	******	******	******	NODI 9	NODI 9				
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.	Dirk Bogaard	(208)837-6444		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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.003	-.003	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.03074	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.92	******	******	%		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

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-3.32	-3.32	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.003	-.003	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	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		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	2.85	2.85	lb/d	******	.048	.048	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	******	******	******	******	.012	.012	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.01	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	-1784.16	-1784.16	lb/d	******	-7	-7	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	******	******	******	******	9	9	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	******	******	******	******	.08	.08	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	-4.59	-4.59	lb/d	******	-.018	-.018	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	******	******	******	******	.098	.098	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	47.2	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		02/20/2020
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	4.5	4.5	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	******	******	******	7.24	******	7.27	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	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	-1.14	-1.14	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	******	******	******	******	******	10300	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	******	******	******	******	.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	******	******	******	******	.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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TYPED OR PRINTED		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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.023	.023	lb/d	******	.164	.164	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.02645	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-1785.3	-1785.3	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

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

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-1.711	-1.711	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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OMB No. 2040-0004

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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.77	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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	9	9	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	******	******	******	******	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	******	******	******	******	.086	.086	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

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	46.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		04/20/2020
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	.19	.19	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	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	40800	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	******	******	******	******	.085	.085	mg/L			
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

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	-.001	-.001	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.03542	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.98	******	******	%		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

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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	.19	.19	lb/d	******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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

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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.38	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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COMMENTS AND 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	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	******	******	******	******	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	******	******	******	******	.063	.063	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	50.3	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		04/20/2020
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.9	8.9	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	******	******	******	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	-.57	-.57	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	******	******	******	******	******	3720	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	******	******	******	******	.186	.186	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

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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.024	.024	lb/d	******	.123	.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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.03542	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.95	******	******	%		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: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	-.57	-.57	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.024	.024	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	60.05	60.05	lb/d	******	1	1	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	******	******	******	******	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	1.26	1.26	lb/d	******	.021	.021	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	******	******	******	******	.014	.014	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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.12	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	6	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	430.92	430.92	lb/d	******	2	2	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	******	******	******	******	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	******	******	******	******	.033	.033	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	******	-.012	-.012	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	******	******	******	******	.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	******	******	******	******	******	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		05/20/2020
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	39.9	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.5	10.5	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	******	******	******	7.35	******	7.35	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	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	-.21	-.21	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	******	******	******	******	******	2850	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	******	******	******	******	.16	.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	******	******	******	******	.158	.158	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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.008	.008	lb/d	******	.113	.113	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	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	******	.01296	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.96	******	******	%		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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	490.76	490.76	lb/d	******	******	******	******		Quarterly	Calculated
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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)
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ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-1.317	-1.317	lb/d	******	******	******	******		Quarterly	Calculated
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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NAME: FISHERIES DEVELOPMENT CORPORATION
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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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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
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	10.87	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		06/19/2020
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	50.3	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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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	******	******	******	******	******	NODI C				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	******	******	******	******	NODI C	NODI C				
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)
Drying the contents of the osb for excavation

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 C	NODI C		******	NODI C	NODI C				
00665 2 0 Effluent Net	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	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
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)
Drying the contents of the osb for excavation

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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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NAME: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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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HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	11.62	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		07/21/2020
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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	******	52.6	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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	******	******	******	******	******	NODI C				
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	******	******	******	******	NODI C	NODI C				
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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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 C	NODI C		******	NODI C	NODI C				
00665 2 0 Effluent Net	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	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
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: FISHERIES DEVELOPMENT CORPORATION
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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

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NAME: FISHERIES DEVELOPMENT CORPORATION
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LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
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LOCATION: 2622 SOUTH 1050 EAST
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ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
RACEWAYS
External 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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
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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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

IDG130017	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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

No Discharge ☐

PARAMETER		QUANTITY 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	191.1 MO AVG	363 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	477.7 MO AVG	907.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	955.4 MO AVG	1815.3 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	1433 MO AVG	2722.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1910.7 MO AVG	3630.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2388.4 MO AVG	4538 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	2866.1 MO AVG	5445.7 DAILY MX	lb/d	******	******	******	******		Quarterly	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: FISHERIES DEVELOPMENT CORPORATION
ADDRESS: 1301 VISTA AVENUE
BOISE, ID 83705
FACILITY: FISHERIES DEVELOPMENT CORPORATION - HAGERMAN
LOCATION: 2622 SOUTH 1050 EAST
HAGERMAN, ID 83332

ATTN: DIRK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130017	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MAJOR
(SUBR 05)
FACILITY TOTAL
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 O 0 See Comments	PERMIT REQUIREMENT	2.5 MO AVG	3.7 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.2 MO AVG	9.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	12.4 MO AVG	18.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	18.6 MO AVG	27.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	24.8 MO AVG	36.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	31 MO AVG	46 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	37.3 MO AVG	55.1 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR 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				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

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

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 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.72	5.72				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	229	229		******	4.72	4.72				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.58 ** **	.58 ** **		******	.012 ** **	.012 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.068	.068				
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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

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

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	.58 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

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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NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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	******	******	******	******	******	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	******	9		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
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10/01/2015	10/31/2015

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	******	******	******	******	******	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	******	20		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9.06	9.06				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	222.9	222.9		******	5.16	5.16				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.9	3.9				
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	******	******	******	******	.278	.278				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.7	10.7		******	.248	.248				
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
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FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
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ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
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11/01/2015	11/30/2015

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			
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	******	8		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	8		******	******	******	******			
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR 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				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	8		******	******	******	******			
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.13	3.13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.1	21.11		******	.49	.49				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.64	2.64				
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				
00665 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		******	.004	.004				
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087				
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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9.11	9.11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-203	-203		******	-5.39	-5.39				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	14.5	14.5				
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	******	******	******	******	3.23	3.23				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11.06 ** **	11.06 ** **		******	.307 ** **	.307 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016				
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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

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

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR 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				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR 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				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11.2	11.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	226	226		******	5.24	5.24				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.96	5.96				
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	******	******	******	******	.23	.23				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.8 ** **	7.8 ** **		******	.182 ** **	.182 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048				
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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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LOCATION: 4647 D RIVER ROAD
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ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	8		******	******	******	******			
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	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
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FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11.6	11.6	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	247.9	247.9	lb/d	******	5.74	5.74	mg/L	1	Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.86	5.86	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	******	******	******	******	.428	4.28	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	9.3	9.3	lb/d	******	.227	.227	mg/L	1	Quarterly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.201	.201	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
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		.1/10/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	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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IDG130041	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	0	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
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IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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			
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	******	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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	0	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		.2/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******	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	******	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

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NAME: FISH BREEDERS OF IDAHO INC
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BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	0	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******	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	******	8	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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23.8	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	10	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	302.4	302.4	lb/d	******	7	7	mg/L	1	Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	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	******	******	******	******	.451	.451	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	14.5	14.5	lb/d	******	.336	.336	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.115	.115	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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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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******	0	mg/L		Not Reported	Not Reported
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Not Reported	Not Reported
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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IDG130041	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 **	0 ** 0 **	lb/d	******	0 ** 0 **	0 ** 0 **	mg/L		Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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	0 ** 0 **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
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FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.6	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		05/18/201
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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	0 ** 0 **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		05/18/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.94	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13.5	13.5	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	-384.75	-384.75	lb/d	******	-384.75	-384.75	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	-23	-23	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	******	******	******	******	0	0	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	0 ** **	0 ** **	lb/d	******	0 ** **	0 ** **	mg/L	1	Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	0 ** **	******	lb/d	******	******	******	******	1	Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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
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		06/12/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	27.7	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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		06/12/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	0 ** **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	8.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		06/12/2017
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.6	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	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	-486	-486	lb/d	******	-10	-10	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	11	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	******	******	******	******	.014	.014	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	-4.033 ** 0 **	-4.033 ** 0 **	lb/d	******	-.083 ** 0 **	-.083 ** 0 **	mg/L	1	Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.097	.097	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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TYPED OR PRINTED		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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	0 ** 0 **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	9	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		07/27/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 **	0 ** 0 **	lb/d	******	0 ** 0 **	0 ** 0 **	mg/L		Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	0 ** 0 **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	8	cfs	******	******	******	******	1	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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25.5	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

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	******	******	******	******	******	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	******	8	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130041	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	78	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

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	******	******	******	******	******	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	******	8	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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11/01/2017	11/30/2017

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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	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	259.2	259.2	lb/d	******	6	6	mg/L	1	Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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	******	******	******	******	.222	.222	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	5.14	5.14	lb/d	******	.119	.119	mg/L	1	Quarterly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.103	.103	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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 4647 D RIVER ROAD
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ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

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	******	******	******	******	******	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	******	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		.2/14/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25.5	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******	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	******	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24.4	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******	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	******	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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24.4	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4	0	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 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	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		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.23	0	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	7.344	0	lb/d	******	.17	0	mg/L	1	Quarterly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	0	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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******	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	******	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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LOCATION: 4647 D RIVER ROAD
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IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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 **	0 ** 0 **	lb/d	******	0 ** 0 **	0 ** 0 **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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		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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	0 ** 0 **	******	lb/d	******	******	******	******		Quarterly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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		03/05/2018
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	79	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	0	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	172.8	0	lb/d	******	4	0	mg/L	1	Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	0	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	******	******	******	******	.296	0	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	6.609 ** 0 **	0 ** 0 **	lb/d	******	.153 ** 0 **	0 ** 0 **	mg/L	1	Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.143	0	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	6.609 ** 0 **	******	lb/d	******	******	******	******	1	Quarterly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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 **	0 ** 0 **	lb/d	******	0 ** 0 **	0 ** 0 **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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		Quarterly	Composite
00665 G 0 Raw Sewage Influent	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)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
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05/01/2018	05/31/2018

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	0 ** 0 **	******	lb/d	******	******	******	******		Quarterly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.11	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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 **	0 ** 0 **	lb/d	******	0 ** 0 **	0 ** 0 **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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		Quarterly	Composite
00665 G 0 Raw Sewage Influent	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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ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

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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	0 ** 0 **	******	lb/d	******	******	******	******		Quarterly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	7	cfs	******	******	******	******	1	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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BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

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MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83332
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Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	27.2	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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 **	0 ** 0 **	lb/d	******	0 ** 0 **	0 ** 0 **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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		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
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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	0 ** 0 **	******	lb/d	******	******	******	******		Quarterly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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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TYPED OR PRINTED		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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	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	-44.57	-44.57	lb/d	******	-5	-5	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	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	******	******	******	******	.246	.246	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	5.89 ** 5.89 **	5.89 ** 5.89 **	lb/d	******	.156 ** .156 **	.156 ** .156 **	mg/L	1	Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.09	.09	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0 ** 0 **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	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	75.6	75.6	lb/d	******	2	2	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	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	******	******	******	******	.177	.113	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	4.27	4.27	lb/d	******	.113	.113	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.064	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
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		.0/05/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
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	******	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)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
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BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	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 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	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			
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	******	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)
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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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
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FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	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	1.3	1.3	lb/d	******	2	2	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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	******	******	******	******	.204	.204	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	5.2	5.2	lb/d	******	.141	.141	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	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
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	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			
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	******	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	0	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	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			
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	******	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	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	172.8	172.8	lb/d	******	4	4	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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	******	******	******	******	.222	.222	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	7.6	7.6	lb/d	******	.177	.177	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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	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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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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
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	******	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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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: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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

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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
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	******	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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IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 **	0 ** 0 **	lb/d	******	0 ** 0 **	0 ** 0 **	mg/L		Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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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(SUBR 05)
FACILITY TOTAL
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	0 ** 0 **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
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	******	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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	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	75.6	75.6	lb/d	******	2	2	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	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	******	******	******	******	.181	.181	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	3.5 ** **	3.5 ** **	lb/d	******	.095 ** **	.095 ** **	mg/L	1	Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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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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	7 ** **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	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
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FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	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 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	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
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23	deg C	1		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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: FISH BREEDERS OF IDAHO INC
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FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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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No Discharge ☐

PARAMETER		QUANTITY OR 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 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	43.2	43.2	lb/d	******	1	1	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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	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	******	******	******	******	.181	.181	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	3.5 ** **	3.5 ** **	lb/d	******	.095 ** **	.095 ** **	mg/L	1	Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.5 ** **	******	lb/d	******	******	******	******	1	Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI Q				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
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
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

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		09/20/2019
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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
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		09/20/2019
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
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	******	NODI 9		******	******	******	******			
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
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	******	8	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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	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	17.2	17.2	lb/d	******	3	3	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 5	< 5	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	******	******	******	******	.562	.562	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	15.9	15.9	lb/d	******	.515	.515	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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	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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TYPED OR PRINTED		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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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 A				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI A				
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 A		******	******	******	******			
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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BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Monthly	Measured
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE 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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
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	******	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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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NAME: FISH BREEDERS OF IDAHO INC
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BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	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	302	302	lb/d	******	8	8	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	329.2 MO AVG	561.4 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	******	******	******	******	.23	.23	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	6.7	6.7	lb/d	******	1.56	1.56	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		02/17/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	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			
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	******	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

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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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	329.2 MO AVG	561.4 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	16.6 MO AVG	25.2 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

NAME/TITLE PRINCIPAL EXECUTIVE 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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LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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			
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	******	7	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		03/17/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		04/16/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

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	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		04/16/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23	deg C	1	Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	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	37.8	37.8	lb/d	******	1	1	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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	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	******	******	******	******	.099	.099	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	2.75 ** **	2.75 ** **	lb/d	******	.073 ** **	.073 ** **	mg/L	1	Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.172	.172	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
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		04/16/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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	< 2.75 ** 7 **	******	lb/d	******	******	******	******	1	Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		04/16/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	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 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 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 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		Monthly	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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
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LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	274 MO AVG	769.9 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 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130041	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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	NODI 9 ** **	******		******	******	******	******			
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24	deg C		Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	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	259	259	lb/d	******	6	6	mg/L		Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	769.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	6	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	******	******	******	******	.114	.114	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	******	.083 ** **	.083 ** **	mg/L		Monthly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	13 MO AVG	23.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.083	.083	mg/L		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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FISH BREEDERS OF IDAHO INC
ADDRESS: 4647 D RIVER ROAD
BUHL, ID 83316
FACILITY: FISH BREEDERS OF IDAHO (FBI) - CATFISH FARM
LOCATION: 4647 D RIVER ROAD
BUHL, ID 83316
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130041	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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	3.59 ** **	******	lb/d	******	******	******	******		Monthly	Calculated
00665 T 1 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	15.4 MO AVG	******	lb/d	******	******	******	******		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
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	3.06		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	17.8	17.8		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	.024	.024				
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	******	******	******	******	.01	.01				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014				
00665 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	.17	.17		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	3.3		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
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HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
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09/01/2015	09/30/2015

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			
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	******	4.86		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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10/01/2015	10/31/2015

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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130048	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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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ADDRESS: 2674 NORWOOD ROAD
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IDG130048	SUM-A
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10/01/2015	10/31/2015

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			
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	******	5.57		******	******	******	******			
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			AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 2674 NORWOOD ROAD
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FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

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IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.52	2.52				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1.52	1.52				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	89.1	89.1		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	.043	.043				
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	******	******	******	******	.027	.027				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016				
00665 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 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.5	1.5		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	10.86		******	******	******	******			
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			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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83332
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FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	11.93		******	******	******	******			
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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NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
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ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83332
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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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
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IDG130048	SUM-A
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01/01/2016	01/31/2016

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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

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			
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	******	13.02		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	12.84		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	67.3	67.3		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.037	.037				
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	******	******	******	******	.023	.023				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014				
00665 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 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.5	1.5		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	12.48		******	******	******	******			
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			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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	5		******	******	******	******			
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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
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ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	17.82	17.82		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027				
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	******	******	******	******	.014	.014				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013				
00665 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	.24	.24		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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05/01/2016	05/31/2016

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	******	******	******	******	******	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		******	******	******	******			
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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IDG130048	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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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06/01/2016	06/30/2016

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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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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IDG130048	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

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			
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	******	3.18		******	******	******	******			
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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PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
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LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	3.18		******	******	******	******			
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			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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ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
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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				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	18.52	18.52		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044				
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	******	******	******	******	.023	.023				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021				
00665 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	.42	.42		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	3.43		******	******	******	******			
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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NAME: AQUARIUS AQUACULTURE
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IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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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ADDRESS: 2674 NORWOOD ROAD
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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2674 NORWOOD ROAD
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ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	4.53		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	4.6		******	******	******	******			
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			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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
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FACILITY: HIDDEN SPRINGS FARM PONDS
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HAGERMAN, ID 83332

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IDG130048	SUM-A
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MONITORING PERIOD	
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12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	12.29		******	******	******	******			
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)
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FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	12.84		******	******	******	******			
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			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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.16	2.16	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	******	******	******	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.84	3.84	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	64.8	64.8	lb/d	******	******	******	******		Quarterly	Calculated
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		07/14/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
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LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.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	******	******	******	******	.042	.042	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Quarterly	Composite
00665 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 1	NODI 1		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.7	2.7	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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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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	******	12	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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PARAMETER		QUANTITY 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	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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	******	******	******	******	******					
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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	******	******	******	******	******					
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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			
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	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 3	< 3	mg/L			
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	48.6	48.6	lb/d	******	******	******	******		Quarterly	Calculated
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		07/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	.05	.05	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	******	******	******	******	.025	.025	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 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
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.81	.81	lb/d	******	******	******	******		Quarterly	Calculated
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		07/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	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
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		07/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******					
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******					
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	16.2	16.2	lb/d	******	******	******	******		Quarterly	Calculated
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		09/28/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	< .05	< .05	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	******	******	******	******	.025	.025	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 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
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.4	.4	lb/d	******	******	******	******		Quarterly	Calculated
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		09/28/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	3	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.	David Huff	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)421-5944		09/28/2017
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

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	******	******	******	******	******					
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******					
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		.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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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11/01/2017	11/30/2017

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	******	12.46	cfs	******	******	******	******			
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.	David Huff	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)421-5944		.2/20/201
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)
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ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	******	******	******	******					
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
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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: 2674 NORWOOD ROAD
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IDG130048	SUM-A
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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	******	******	******	******	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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/02/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
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FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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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			
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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/02/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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	******	******	******	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 1	NODI 1				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	68.31	68.31	lb/d	******	******	******	******		Quarterly	Calculated
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		01/03/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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	******	******	******	******	.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	******	******	******	******	.046	.046	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Quarterly	Composite
00665 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 1	NODI 1		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.14	3.14	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		01/03/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	12.65	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.	David Huff	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)421-5944		01/03/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		01/03/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		01/03/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	NODI 9		******	******	******	******			
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.	David Huff	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)421-5944		01/03/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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.	David Huff	(208)421-5944		01/03/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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	******	NODI 9		******	******	******	******			
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.	David Huff	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)421-5944		01/03/2019
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
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05/01/2018	05/31/2018

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	******	******	******	******	< 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	******	******	******	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	36.45	36.45	lb/d	******	******	******	******		Quarterly	Calculated
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	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	******	******	******	******	.032	.032	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Quarterly	Composite
00665 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 1	NODI 1		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.16	1.16	lb/d	******	******	******	******		Quarterly	Calculated
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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			
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	******	6.75	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		Quarterly	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		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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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		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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/05/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/05/2019
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/05/2019
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)
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ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

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	******	******	******	******	< 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	******	******	******	******	>= 1	>= 1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	15.28	15.28	lb/d	******	******	******	******		Quarterly	Calculated
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/06/2019
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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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
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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	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	******	******	******	******	-.003	-.003	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.045	-.045	lb/d	******	******	******	******		Quarterly	Calculated
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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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NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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)
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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			
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	******	2.83	cfs	******	******	******	******		Quarterly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/06/2019
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
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FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		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

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NAME: AQUARIUS AQUACULTURE
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ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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	******	NODI 9		******	******	******	******			
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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IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83332
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(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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

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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 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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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			
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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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HAGERMAN, ID 83332

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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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	******	******	******	******	< 1	< 1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	68.31	68.31	lb/d	******	******	******	******		Quarterly	Calculated
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	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	******	******	******	******	.016	.016	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Quarterly	Composite
00665 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 1	NODI 1		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1	1	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 1	NODI 1		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	12.65	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		Quarterly	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		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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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	******	NODI 9		******	******	******	******			
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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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	******	NODI 9		******	******	******	******			
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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LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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
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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	******	******	******	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	66.3	66.3	lb/d	******	******	******	******		Quarterly	Calculated
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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02/01/2019	02/28/2019

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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			
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	******	******	******	******	.032	.032	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	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		Quarterly	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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.21	2.21	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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 A				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12.84	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/01/2020
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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		Quarterly	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		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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/01/2020
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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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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	******	NODI 9		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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	******	******	******	******	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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
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HAGERMAN, ID 83332
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IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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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			
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	******	NODI 9		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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05/01/2019	05/31/2019

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	******	******	******	******	> 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	******	******	******	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	26.2	26.2	lb/d	******	******	******	******		Quarterly	Calculated
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	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	******	******	******	******	.033	.033	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Quarterly	Composite
00665 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 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.86	.86	lb/d	******	******	******	******		Quarterly	Calculated
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/01/2020
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

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LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
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05/01/2019	05/31/2019

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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			
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	******	4.86	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		Quarterly	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		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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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		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	******	NODI 9		******	******	******	******			
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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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			
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	******	NODI 9		******	******	******	******			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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	******	******	******	******	> 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	******	******	******	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	22.6	22.6	lb/d	******	******	******	******		Quarterly	Calculated
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
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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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	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	******	******	******	******	.008	.008	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Quarterly	Composite
00665 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	lb/d	******	******	******	******		Quarterly	Calculated
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ADDRESS: 2674 NORWOOD ROAD
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FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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	******	4.19	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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DISCHARGE MONITORING REPORT (DMR)

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IDG130048	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
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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 B	NODI B				
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 B	NODI B				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI B	NODI B				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI B	NODI B		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI B	NODI B		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI B	NODI B		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI B	NODI B		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: HIDDEN SPRINGS FARM PONDS
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HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI B	NODI B				
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 B	NODI B				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI B	NODI B				
00665 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 B	NODI B		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI B	NODI B		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI B	NODI B		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI B	NODI B		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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IDG130048	SUM-A
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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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI B				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI B				
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 B		******	******	******	******			
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				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Huff/ Vicepres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David Huff	(208)421-5944		01/02/2020
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	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	******	******	******	******	> 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	******	******	******	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	71.3	71.3	lb/d	******	******	******	******		Quarterly	Calculated
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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	******	******	******	******	.031	.031	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	******	******	******	******	.015	.015	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Quarterly	Composite
00665 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 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1	1	lb/d	******	******	******	******		Quarterly	Calculated
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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			
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 B				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13.21	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130048	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		Quarterly	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		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
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	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
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	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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			
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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	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			
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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			
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
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HAGERMAN, ID 83332

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03/01/2020	03/31/2020

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	******	******	******	******						
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	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
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FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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			
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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			
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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			
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			
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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332

ATTN: DAVID HUFF, VP - PRODUCTION

PERMIT NUMBER	DISCHARGE NUMBER
IDG130048	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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	******	******	******	******	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
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	126.2 MO AVG	239.9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	252.5 MO AVG	479.8 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	505 MO AVG	959.6 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	757.6 MO AVG	1439.4 DAILY MX	lb/d	******	******	******	******		Quarterly	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: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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 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	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
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.5 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	6.1 MO AVG	9 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	9.1 MO AVG	13.4 DAILY MX	lb/d	******	******	******	******		Quarterly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: AQUARIUS AQUACULTURE
ADDRESS: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
FACILITY: HIDDEN SPRINGS FARM PONDS
LOCATION: 2674 NORWOOD ROAD
HAGERMAN, ID 83332
ATTN: DAVID HUFF, VP - PRODUCTION

IDG130048	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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			
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
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
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FACILITY: JACK'S PONDS
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IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 4 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					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 4 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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
00665 2 4 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 C	NODI C				
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 C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
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11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 C				
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 C		******	******	******	******			
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	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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12/01/2015	12/31/2015

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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	******	NODI 9		******	******	******	******			
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 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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SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C				
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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02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 C				
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 C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130053	001-A
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MONITORING PERIOD	
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03/01/2016	03/31/2016

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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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
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FACILITY
External 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 C				
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 C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 C				
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 C		******	******	******	******			
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 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

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Form Approved
OMB No. 2040-0004

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BUHL, ID 83316
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C				
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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(SUBR 05)
FACILITY
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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
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 C		******	******	******	******			
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	AREA Code	NUMBER	MM/DD/YYYY
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07/01/2016	07/31/2016

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	******	******	******	******						
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 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	******	******	******	******						
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 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	******	******	******	******						
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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LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
FACILITY
External 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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08/01/2016	08/31/2016

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C				
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 C				
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 C		******	******	******	******			
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 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 4 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	******	NODI 9		******	******	******	******			
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	******	******	******	******	0	0	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	******	******	******	******	0	0	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	******	******	******	******	0	0	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	0	0	lb/d	******	0	0	mg/L	1	Quarterly	Calculated
00665 2 4 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	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	1	Not Reported	Not Applicable
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		.1/10/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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		Not Reported	Not Applicable
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	0	cfs	******	******	******	******	1	Quarterly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		.1/10/201
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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: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
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ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 4 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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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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No Fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
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IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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)
No Fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
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LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		03/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	cfs	******	******	******	******		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/ 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.	Starla Barnes	(208)837-6114		03/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******	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 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	******	******	******	******	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/ 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.	Starla Barnes	(208)837-6114		03/15/2017
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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: Leo and Judith Ray
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BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
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IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******	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 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	******	******	******	******	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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	cfs	******	******	******	******		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/ 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.	Starla Barnes	(208)837-6114		05/18/2017
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: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******	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 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	******	******	******	******	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)
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IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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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IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		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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LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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		06/12/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Facility not stocked with fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	cfs	******	******	******	******		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		07/27/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Facility not stocked with fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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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ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	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 4 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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130053	001-A
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10/01/2017	10/31/2017

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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	******	******	******	******	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 4 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
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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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ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

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MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
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			
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	******	0	cfs	******	******	******	******		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		.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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 4 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
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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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PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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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PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR
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FACILITY
External 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	******	0	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******	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 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	******	******	******	******	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		03/05/2018
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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		03/05/2018
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******	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 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	******	******	******	******	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)
No fish in ponds.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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		05/19/2018
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)
No fish in ponds.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******	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 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	******	******	******	******	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)
No fish in ponds.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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		05/19/2018
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)
No fish in ponds.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Fish ? Water shut off

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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)
No Fish ? Water shut off

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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)
No Fish/ water shut off

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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)
No Fish/ water shut off

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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)
No Fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 4 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External 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	******	0	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)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
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IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******						
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 4 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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External 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	******	0	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)
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ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 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	******	******	******	******						
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 4 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
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External 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	******	0	cfs	******	******	******	******		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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Fish, no water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External 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	******	0	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)
No Fish, no water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	cfs	******	******	******	******		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)
NO WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External 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	******	0	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)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
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BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	cfs	******	******	******	******		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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
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BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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)

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IDG130053	001-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
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	0	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)
NO FISH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 1021 EAST 4100 NORTH
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ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 8	NODI 8				
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 8	NODI 8		******	NODI 8	NODI 8				
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 8	NODI 8				
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 8	NODI 8				
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 8	NODI 8		******	NODI 8	NODI 8				
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 8	NODI 8				
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 8				
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 8				
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 8		******	******	******	******			
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)
NO FISH

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: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 8	NODI 8				
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 8	NODI 8		******	NODI 8	NODI 8				
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 8	NODI 8				
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 8	NODI 8				
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 8	NODI 8		******	NODI 8	NODI 8				
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 8	NODI 8				
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 8				
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)
No fish/no discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
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FACILITY
External 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 8				
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 8		******	******	******	******			
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)
No fish/no discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
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External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 8	NODI 8				
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 8	NODI 8		******	NODI 8	NODI 8				
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 8	NODI 8				
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 8	NODI 8				
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 8	NODI 8		******	NODI 8	NODI 8				
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 8	NODI 8				
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 8				
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		09/20/2019
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)
0 fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External 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 8				
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 8		******	******	******	******			
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)
0 fish

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: 1021 EAST 4100 NORTH
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ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
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 C	NODI C				
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 C	NODI C				
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 C	NODI C		******	NODI C	NODI C				
00665 2 4 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 C	NODI C				
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 C				
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)
NO FISH NO WATER-NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 C				
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 C		******	******	******	******			
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)
NO FISH NO WATER-NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 F	NODI F				
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 F	NODI F		******	NODI F	NODI F				
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 F	NODI F				
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 F	NODI F				
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 F	NODI F		******	NODI F	NODI F				
00665 2 4 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 F	NODI F				
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 F				
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)
No fish... Out of production

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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IDG130053	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)
FACILITY
External 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 F				
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 F		******	******	******	******			
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)
No fish... Out of production

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
00665 2 4 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 2	NODI 2				
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 2				
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
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LOCATION: 1021 EAST 4100 NORTH
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IDG130053	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)
FACILITY
External 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 2				
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 2		******	******	******	******			
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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IDG130053	001-A
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MONITORING PERIOD	
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12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2				
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External 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 2				
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 2		******	******	******	******			
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	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)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		02/17/2020
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 2				
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 2		******	******	******	******			
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FLOW

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		03/17/2020
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)
NO FLOW

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO WATER ON FARM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
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)
NO WATER ON FARM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
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FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		04/16/2020
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)
NO WATERFLOW

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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	******	NODI 9		******	******	******	******			
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.	Lilly Garcia	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)837-6114		)4/16/202
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO WATERFLOW

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130053	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 2				
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 2		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY 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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2				
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 2	NODI 2		******	NODI 2	NODI 2				
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 2	NODI 2				
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 2				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: Leo and Judith Ray
ADDRESS: 4647 D River Road
BUHL, ID 83316
FACILITY: JACK'S PONDS
LOCATION: 1021 EAST 4100 NORTH
BUHL, ID 83316
ATTN: LEO E. RAY, OPERATOR

IDG130053	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY
External 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 2				
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 2		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: 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
07/01/2015	07/31/2015

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
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: 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
07/01/2015	07/31/2015

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		******	******	******	******			
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)
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
08/01/2015	08/31/2015

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				
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		******	< 2	< 2				
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				
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	******	******	******	******	.085	.085				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.99	1.99		******	.041	.041				
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	******	******	******	******	.044	.044				
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
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: 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
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
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(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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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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09/01/2015	09/30/2015

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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
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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	******	9		******	******	******	******			
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
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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		******	******	******	******			
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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11/01/2015	11/30/2015

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.1	4.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	98.9	98.9		******	1.41	1.41				
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	98.9	98.9		******	1.41	1.41				
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	******	******	******	******	2.69	2.69				
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	.12				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.99	1.99		******	.041	.041				
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	******	******	******	******	.05	.05				
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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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	******	13		******	******	******	******			
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		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
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: 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
12/01/2015	12/31/2015

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: 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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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: 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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.32	4.32				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	99.8	99.8		******	1.54	1.54				
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	******	******	******	******	2.78	2.78				
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	******	******	******	******	.164	.164				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.12	7.12		******	.11	.11				
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	******	******	******	******	.054	.054				
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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		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: 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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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)

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
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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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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: 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
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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)
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
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.51	2.51				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-52.4	-52.4		******	-97	-97				
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	******	******	******	******	3.48	3.48				
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	******	******	******	******	.101	.101				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.2	2.2		******	.041	.041				
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	******	******	******	******	.05	.05				
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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: 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
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
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HAGERMAN, ID 83332
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05/01/2016	05/31/2016

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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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06/01/2016	06/30/2016

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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		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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

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06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
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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	******	10		******	******	******	******			
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: 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
07/01/2016	07/31/2016

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	******	******	******	******	< 2	< 2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-275.9	-275.9		******	-5.11	-5.11				
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	******	******	******	******	6.11	6.11				
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				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.97	2.97		******	.055	.055				
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	******	******	******	******	.044	.044				
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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NAME: SMITH FARM PONDS
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PERMIT NUMBER	DISCHARGE NUMBER
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83332
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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	******	10		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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08/01/2016	08/31/2016

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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09/01/2016	09/30/2016

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		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
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: 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
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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		******	******	******	******			
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)

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
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1.56	1.56	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	28.5	28.5	lb/d	******	.44	.44	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	******	******	******	******	1.12	1.12	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	******	******	******	******	.13	.13	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	4.66	4.66	lb/d	******	.072	.072	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	******	******	******	******	.058	.058	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
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	< .13	mg/L	1	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/ 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.	Starla Barnes	(208)837-6114		.1/10/201
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
10/01/2016	10/31/2016

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			
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

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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
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	lb/d	******	0	0	mg/L		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	******	******	******	******	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

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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: 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
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	11	cfs	******	******	******	******		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
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
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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	******	******	******	******	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)

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
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	******	******	******	******	******	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	******	11	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	******	******	******	******	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
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		01/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
01/01/2017	01/31/2017

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	******	******	******	******		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/ 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.	Starla Barnes	(208)837-6114		01/20/2017
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
02/01/2017	02/28/2017

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	Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1077.12	-1077.12	lb/d	******	-18	-18	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	******	******	******	******	19	19	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	******	******	******	******	< .005	< .005	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	-11.46	-11.46	lb/d	******	-.193	-.193	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	******	******	******	******	.198	.198	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
Starla Barnes/ 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.	Starla Barnes	(208)837-6114		03/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT 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
02/01/2017	02/28/2017

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	******	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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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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HAGERMAN, ID 83332
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IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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 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		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 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		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)

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
03/01/2017	03/31/2017

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	******	11	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)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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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

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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	Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	59.4	59.4	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	******	******	******	******	< 1	< 1	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	******	******	******	******	.176	.176	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	2.49	2.49	lb/d	******	.042	.042	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	******	******	******	******	.134	.134	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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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
04/01/2017	04/30/2017

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	******	11	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
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

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/ 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.	Starla Barnes	(208)837-6114		05/18/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
05/01/2017	05/31/2017

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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: POTTERY ROAD
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IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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		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	******	******	******	******	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

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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

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

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	******	11	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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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
07/01/2017	07/31/2017

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	Monthly	Composite
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	******	******	******	******	< 1	< 1	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	******	******	******	******	.089	.089	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	4.87	4.87	lb/d	******	.082	.082	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	******	******	******	******	.007	.007	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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NATIONAL POLLUTANT 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

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

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	******	11	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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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

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
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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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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

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			
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	******	11	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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09/01/2017	09/30/2017

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			
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 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		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 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		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		09/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
09/01/2017	09/30/2017

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	******	11	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)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
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IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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 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		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 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		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
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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

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-75.6	-75.6	lb/d	******	-1	-1	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	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	******	******	******	******	3	3	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	******	******	******	******	.132	.132	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	2.797	2.797	lb/d	******	.037	.037	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	******	******	******	******	.095	.095	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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NATIONAL POLLUTANT 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
11/01/2017	11/30/2017

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	******	******	******	******	******	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	******	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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IDG130090	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

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	******	******	******	******	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 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		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 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		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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

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

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MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

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 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		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 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		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		02/19/2018
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
01/01/2018	01/31/2018

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
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		02/19/2018
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: 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
02/01/2018	02/28/2018

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	0	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	******	******	******	******	< 2	0	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	******	******	******	******	.068	0	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	2.138	0	lb/d	******	.033	0	mg/L	1	Quarterly	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	******	******	******	******	.035	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
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		02/28/2018
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
02/01/2018	02/28/2018

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
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		02/28/2018
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

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
03/01/2018	03/31/2018

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
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		03/05/2018
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

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY 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
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TYPED OR PRINTED		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
04/01/2018	04/30/2018

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	******	11	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		05/19/2018
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: 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
05/01/2018	05/31/2018

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		05/19/2018
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
05/01/2018	05/31/2018

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	******	11	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		05/19/2018
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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PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

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	0	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 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	0	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	******	******	******	******	.067	0	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	-.453	0	lb/d	******	-.007	-.007	mg/L	1	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	******	******	******	******	.074	0	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
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: 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

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

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	******	12	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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07/01/2018	07/31/2018

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	******	******	******	******	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

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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: 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

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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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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	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	Monthly	Composite
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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
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	******	******	******	******	******	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

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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	******	******	******	******	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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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

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NATIONAL POLLUTANT 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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HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
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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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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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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PARAMETER		QUANTITY 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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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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	Monthly	Composite
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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
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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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			
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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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	******	******	******	******	******	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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01/01/2019	01/31/2019

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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	Monthly	Composite
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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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
01/01/2019	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	******	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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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
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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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
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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
03/01/2019	03/31/2019

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			
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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		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

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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TYPED OR PRINTED		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
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

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
05/01/2019	05/31/2019

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	******	******	******	******						
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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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: 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
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

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)
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NATIONAL POLLUTANT 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
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
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ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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	******	12	cfs	******	******	******	******	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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	Monthly	Composite
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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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 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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PARAMETER		QUANTITY 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

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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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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
10/01/2019	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		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

IDG130090	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	******	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
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NATIONAL POLLUTANT 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)
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NATIONAL POLLUTANT 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			
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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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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		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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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
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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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	******	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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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
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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
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
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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	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	******	< 2	< 2	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	******	******	******	******	.113	.113	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	3.7	3.7	lb/d	******	.081	.081	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	******	******	******	******	.081	.081	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 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

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	******	******	******	******	******	NODI 9				
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)
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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
02/01/2020	02/29/2020

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	******	******	******	******	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
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		03/17/2020
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: 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
02/01/2020	02/29/2020

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	******	******	******	******	******	NODI 9				
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		03/17/2020
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: 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
03/01/2020	03/31/2020

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	******	******	******	******	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
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		)4/16/202
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
03/01/2020	03/31/2020

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	******	******	******	******	******	NODI 9				
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		)4/16/202
TYPED OR PRINTED		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

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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	******	******	******	******	< 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	******	< 2	< 2	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	******	******	******	******	0	0	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	******	******	******	******	.115	.115	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	.529	.529	lb/d	******	.007	.007	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	******	******	******	******	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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT 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
04/01/2020	04/30/2020

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	******	******	******	******	******	NODI 9				
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Lilly Garcia/ Office	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Lilly Garcia	(208)837-6114		04/16/2020
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: 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
05/01/2020	05/31/2020

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 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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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
05/01/2020	05/31/2020

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: 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

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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	******	******	******	******	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
Krista Dace/ Assistant to the 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.	Krista Dace	(208)821-2004		07/17/2020
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: 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
06/01/2020	06/30/2020

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	******	******	******	******	******	NODI 9				
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	******	******	******	******		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: 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
07/01/2020	07/31/2020

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	******	******	******	******	< 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	******	< 2	< 2	mg/L		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		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	******	******	******	******	.114	.114	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	4.47	4.47	lb/d	******	.069	.069	mg/L		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	******	******	******	******	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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NATIONAL POLLUTANT 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
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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
07/01/2020	07/31/2020

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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
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	******	******	******	******		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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22.8	22.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-223.4	-223.4		******	-4.1	-4.1				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	26.9	26.9				
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	******	******	******	******	.149	.149				
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	4.88	4.88		******	-.005	-.005				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.154	.154				
00665 G 0 Raw Sewage Influent	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					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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			
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	******	35		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FIRST ASCENT FISH FARM
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BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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			
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
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IDG130116	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83316
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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.7			Monthly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23.8	23.8			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	-808.1	-808.1		******	-8.59	-8.59			Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	14.2	14.2			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	******	******	******	******	.136	.136			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	4.78	4.78		******	-.002	-.002			Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.138	.138			Quarterly	Composite
00665 G 0 Raw Sewage Influent	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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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			
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	******	40		******	******	******	******		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.		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

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10/01/2015	10/31/2015

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	21.6	21.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-53.5	-53.5		******	-1.2	-1.2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22.8	22.8				
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	******	******	******	******	.134	.134				
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	7.03	7.03		******	.013	.013				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.121	.121				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	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			
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	******	49		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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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	******	******	******	******	******	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	******	42		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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		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	******	38		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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		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	******	30		******	******	******	******			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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			
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	******	29		******	******	******	******			
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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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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03/01/2016	03/31/2016

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.5	4.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-141.75	-141.75		******	.45	.45				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.05	4.05				
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				
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	3.88	3.88		******	.017	.017				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.049	.049				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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			
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	******	25		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

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			
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	******	19		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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		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	******	24		******	******	******	******			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-968.6	-968.6		******	-10	-10				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20.2	20.2				
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	******	******	******	******	.131	.131				
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	6.65	6.65		******	.015	.015				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.116	.116				
00665 G 0 Raw Sewage Influent	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					

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BUHL, ID 83316

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IDG130116	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

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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			
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	******	28		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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07/01/2016	07/31/2016

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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07/01/2016	07/31/2016

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	27		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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		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	******	41		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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		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	******	37		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

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			
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	******	48		******	******	******	******			
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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15.2	15.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-470.8	-470.8		******	-3.7	-3.7				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18.9	18.9				
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	******	******	******	******	.109	.109				
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	5.35	5.35		******	.011	.011				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.098	.098				
00665 G 0 Raw Sewage Influent	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
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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: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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			
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	******	41		******	******	******	******			
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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83316
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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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16.6	16.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-919.4	919.4		******	-8.2	-8.2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24.8	24.8				
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	******	******	******	******	.112	.112				
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	-11.76	-11.76		******	-.114	-.114				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.226	.226				
00665 G 0 Raw Sewage Influent	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

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BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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			
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	******	30		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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BUHL, ID 83316
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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

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			
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	******	27		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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			
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	******	25		******	******	******	******			
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			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: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-256	-256		******	-3	-3				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5				
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	******	******	******	******	.165	.165				
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	-1.52	-1.52		******	-.061	-.061				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.226	.226				
00665 G 0 Raw Sewage Influent	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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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			
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	******	25		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

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			
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	******	20		******	******	******	******			
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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BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

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			
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	******	23		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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06/01/2017	06/30/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5				
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		******	-2	-2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7				
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	******	******	******	******	.139	.139				
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	5.63	5.63		******	.013	.013				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.126	.126				
00665 G 0 Raw Sewage Influent	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
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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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

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			
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	******	22		******	******	******	******			
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

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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: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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07/01/2017	07/31/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	29		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130116	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83316
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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			
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	******	41		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130116	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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OMB No. 2040-0004

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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83316
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No Discharge ☐

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		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	******	46		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1588	-1588		******	-8	-8				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8				
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				
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		******	-.017	-.017				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.108	.108				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

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		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	******	48		******	******	******	******			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83316
MINOR
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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			
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	******	40		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-1571	-1571		******	-15	-15				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	25	25				
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				
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	2.43	2.43		******	.006	.006				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.046	.046				
00665 G 0 Raw Sewage Influent	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)
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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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12/01/2017	12/31/2017

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			
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	******	29		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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01/01/2018	01/31/2018

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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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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ADDRESS: 4449 NORTH, 1325 EAST
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IDG130116	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

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			
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	******	31		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83316
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-618	-618		******	23	23				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	-7	-7				
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	******	******	******	******	.065	.065				
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	1.51	1.51		******	.01	.01				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.055	.055				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

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02/01/2018	02/28/2018

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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			
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	******	25		******	******	******	******			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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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03/01/2018	03/31/2018

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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			
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	******	22		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		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	******	22		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	59.4	59.4		******	-7	-7				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23				
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	******	******	******	******	.122	.122				
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	1.426	1.426		******	.011	.011				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.133	.133				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	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			
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	******	24		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	27				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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		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	******	32		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	27				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	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			
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	******	24		******	******	******	******			
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
OMB No. 2040-0004

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FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	-2	-2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-145.8	-145.8		******	7	7				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9	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	******	******	******	******	.15	.15				
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	2.05	2.05		******	.01	.01				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.14	.14				
00665 G 0 Raw Sewage Influent	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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	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			
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	******	38		******	******	******	******			
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
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
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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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	27				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130116	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)
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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			
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	******	47		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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MONITORING PERIOD	
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	27				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
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No Discharge ☐

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		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	******	50		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	14	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	135	135		******	1	1				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15	15				
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	******	******	******	******	.108	.108				
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	-.886	-.886		******	-.004	-.004				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.112	.112				
00665 G 0 Raw Sewage Influent	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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
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	******	41		******	******	******	******			
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	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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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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
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
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	******	35		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	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			
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
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
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	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			
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			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
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

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

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LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
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FACILITY TOTAL
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
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Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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Solids, total suspended	SAMPLE MEASUREMENT				******						
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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
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130116	SUM-A
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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			
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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
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00530 2 0 Effluent Net	PERMIT REQUIREMENT	180.8 MO AVG	508.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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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
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FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
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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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	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			
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
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TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 4449 NORTH, 1325 EAST
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FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
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
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IDG130116	SUM-A
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MONITORING PERIOD	
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DMR Mailing ZIP CODE: 83316
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

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			
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

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
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LOCATION: 4449 NORTH 1325 EAST
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ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	******	******	******	******					
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DMR Mailing ZIP CODE: 83316
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 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			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

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			
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)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	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			
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			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

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			
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
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

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			
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
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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: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

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			
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	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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130116	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

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			
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			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316

ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

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			
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			
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: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	180.8 MO AVG	508.1 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	7.2 MO AVG	13 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: FIRST ASCENT FISH FARM
ADDRESS: 4449 NORTH, 1325 EAST
BUHL, ID 83316
FACILITY: FIRST ASCENT FISH FARM
LOCATION: 4449 NORTH 1325 EAST
BUHL, ID 83316
ATTN: DONALD CAMPBELL,OWNER/OPERATOR

IDG130116	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

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			
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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	29.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	1.9		******	******	******	******			
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			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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	28.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	1.9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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PRUNEAU, ID 83604
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IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83316
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(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	29.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.1	4.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	35.15	35.15		******	3.1	3.1				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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	******	******	******	******	.024	.024				
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		******	.009	.009				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015				
00665 G 0 Raw Sewage Influent	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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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BRUNEAU, ID 83604
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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83316
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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			
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	******	2.1		******	******	******	******			
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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10/01/2015	10/31/2015

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	28.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
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			
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		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130122	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83316
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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			
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		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6.28	6.28				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	79.83	79.83		******	5.28	5.28				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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	******	******	******	******	.023	.023				
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		******	.007	.007				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016				
00665 G 0 Raw Sewage Influent	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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	2.8		******	******	******	******			
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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	1.4		******	******	******	******			
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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	1.8		******	******	******	******			
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: BEST SEA FOODS
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BUHL, ID 83316
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LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.98	2.98				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	22.45	22.45		******	1.98	1.98				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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	******	******	******	******	.083	.083				
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		******	.072	.072				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.011	.011				
00665 G 0 Raw Sewage Influent	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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	2.1		******	******	******	******			
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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	283				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	2.1		******	******	******	******			
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	AREA Code	NUMBER	MM/DD/YYYY
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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IDG130122	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	29.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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		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	******	2.1		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	29.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.28	21.28		******	2	2				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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				
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	.87	.87		******	.082	.082				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.01	.01				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		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	******	1.9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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07/01/2016	07/31/2016

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	30.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83316
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		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	******	1.8		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	29.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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		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	******	1.6		******	******	******	******			
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					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	28.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.05	3.05				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.03	21.03		******	2.05	2.05				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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				
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	.677	.677		******	.066	.066				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.007	.007				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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BRUNEAU, ID 83604
ATTN: Brian Tadlock

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PERMIT NUMBER	DISCHARGE NUMBER

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		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	******	1.9		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	28.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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		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	******	1.8		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83316
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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			
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

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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	******	******	******	******	******	24.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7.37	7.37				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	75.67	75.67		******	6.37	6.37				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2				
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	******	******	******	******	.054	.054				
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	.23	.23		******	.02	.02				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	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			
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	******	2.2		******	******	******	******			
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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	24.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: BEST SEA FOODS
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BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	1.8		******	******	******	******			
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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BRUNEAU, ID 83604
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IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	26.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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PRUNEAU, ID 83604
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02/01/2017	02/28/2017

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			
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		******	******	******	******			
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			AREA Code	NUMBER	MM/DD/YYYY

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IDG130122	SUM-A
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03/01/2017	03/31/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	23.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.72	9.72		******	1	1				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1				
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				
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	.174	.174		******	.018	.018				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019				
00665 G 0 Raw Sewage Influent	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)
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03/01/2017	03/31/2017

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			
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	******	1.8		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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04/01/2017	04/30/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	28.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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04/01/2017	04/30/2017

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		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	******	1.9		******	******	******	******			
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	25.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	1.4		******	******	******	******			
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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ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83316
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(SUBR 02)
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	29.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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DISCHARGE MONITORING REPORT (DMR)

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PRUNEAU, ID 83604
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83316
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(SUBR 02)
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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	******	******	******	******	******	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	******	1.8		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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07/01/2017	07/31/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	28.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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IDG130122	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
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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			
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	******	1.8		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130122	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	27.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83316
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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			
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	******	2.1		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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09/01/2017	09/30/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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	AREA Code	NUMBER	MM/DD/YYYY
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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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BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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12/01/2017	12/31/2017

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			
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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
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Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

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MINOR
(SUBR 02)
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			
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	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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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: BEST SEA FOODS
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BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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IDG130122	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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DISCHARGE MONITORING REPORT (DMR)

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IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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	AREA Code	NUMBER	MM/DD/YYYY
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	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 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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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: ARRAINA INC
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BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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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: BEST SEA FOODS
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ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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IDG130122	SUM-A
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MONITORING PERIOD	
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09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
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(SUBR 02)
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
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09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
MINOR
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FACILITY TOTAL
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******			******	******	******	******			
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
PRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	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
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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IDG130122	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
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(SUBR 02)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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ATTN: Brian Tadlock

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MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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IDG130122	SUM-A
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02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
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00530 2 0 Effluent Net	PERMIT REQUIREMENT	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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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
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02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******			******	******	******	******			
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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IDG130122	SUM-A
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MONITORING PERIOD	
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04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MINOR
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FACILITY TOTAL
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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ATTN: Brian Tadlock

IDG130122	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
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(SUBR 02)
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			
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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
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			
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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
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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
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Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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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	4.8 MO AVG	10.2 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	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
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	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
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	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 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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11/01/2019	11/30/2019

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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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				******						
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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

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IDG130122	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
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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			
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			
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: BEST SEA FOODS
ADDRESS: PO BOX 546
BUHL, ID 83316
FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
BRUNEAU, ID 83604
ATTN: Brian Tadlock

IDG130122	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 02)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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IDG130122	SUM-A

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12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
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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			
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
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (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
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BRUNEAU, ID 83604
ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 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 0 Effluent Net	PERMIT REQUIREMENT	4.8 MO AVG	10.2 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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BEST SEA FOODS
ADDRESS: PO BOX 546
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FACILITY: ARRAINA INC
LOCATION: 31194 STATE HWY 51 (200 YDS N. OF MP65 ON W. SIDE)
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ATTN: Brian Tadlock

PERMIT NUMBER	DISCHARGE NUMBER
IDG130122	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 02)
FACILITY TOTAL
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	******	******	******	******	******					
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

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DMR Mailing ZIP CODE: 83316
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	Meter
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	356.4 MO AVG	1001.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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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
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Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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

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