NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.8	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	23.6	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1776	******	lb/d	******	932	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.3	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	45	53.8	lb/d	******	23	23	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3077	******	lb/d	******	1552	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.66	4.62	lb/d	******	1.07	2.13	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		07/11/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The aireator in oxidation ditch went down, was repaired asap, numbers are back where they should be. Thanks Paul Childs

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.66	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.78	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.83	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	3	7	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.07	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		07/11/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The aireator in oxidation ditch went down, was repaired asap, numbers are back where they should be. Thanks Paul Childs

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		07/11/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The aireator in oxidation ditch went down, was repaired asap, numbers are back where they should be. Thanks Paul Childs

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	17.2	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	686	******	lb/d	******	381	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18	26.6	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2646	******	lb/d	******	1488	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.9	1.58	lb/d	******	.33	.45	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		08/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.84	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.72	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.26	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	2	6	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.07	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		08/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		08/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.5	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	19.1	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1226	******	lb/d	******	567	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14	17.9	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3701	******	lb/d	******	1712	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.35	.65	lb/d	******	.13	.28	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		09/12/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

unknown reason for bad sample, all previous and after samples are in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.39	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.81	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.41	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	28	2420	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.08	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		09/12/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

unknown reason for bad sample, all previous and after samples are in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		09/12/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

unknown reason for bad sample, all previous and after samples are in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	7.7	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	891	******	lb/d	******	407	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	17.2	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2220	******	lb/d	******	1022	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.27	.58	lb/d	******	.13	.2	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		10/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.35	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10.35	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.74	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	2	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.25	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.07	lb/d	******	.03	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		10/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		10/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	16.4	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	761	******	lb/d	******	393	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	23.1	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2202	******	lb/d	******	1142	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.32	.63	lb/d	******	.12	.28	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		11/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.54	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.96	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	2	17	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.28	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.1	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		11/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		11/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.5	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	11.6	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	842	******	lb/d	******	441	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24	29.5	lb/d	******	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2429	******	lb/d	******	1250	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.27	.39	lb/d	******	.12	.18	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		12/09/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.73	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	27.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.1	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	2	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.25	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.08	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		12/09/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		12/09/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	11.4	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1383	******	lb/d	******	594	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18	22.3	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3007	******	lb/d	******	1194	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.52	.74	lb/d	******	.16	.21	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		01/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.17	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	28.6	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	3.59	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.28	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		01/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		01/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	12	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	802	******	lb/d	******	291	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14	18.8	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2059	******	lb/d	******	788	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.73	1.23	lb/d	******	.18	.25	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		02/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.6	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	27.8	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	3.17	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	2	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.37	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.15	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		02/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Bunn	(208)934-5669		02/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	18.2	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1939	******	lb/d	******	417	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	19	20.4	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2773	******	lb/d	******	591	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.6	2.38	lb/d	******	.33	.51	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		03/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.92	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	23	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	3.86	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	4	127	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.46	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.15	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		03/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		03/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	33	32.2	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2928	******	lb/d	******	672	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	28	21.9	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5773	******	lb/d	******	1239	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.33	5.71	lb/d	******	.62	1.18	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		04/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The ariator in oxidation ditch went down for 2 days, has been repaired and every thing is working accordingly

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	98.2	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	23.4	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.19	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	4	79	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.46	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.05	.14	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		04/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The ariator in oxidation ditch went down for 2 days, has been repaired and every thing is working accordingly

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		04/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The ariator in oxidation ditch went down for 2 days, has been repaired and every thing is working accordingly

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25	32	lb/d	******	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	993	******	lb/d	******	433	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	44	57.4	lb/d	******	21	21	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3031	******	lb/d	******	1314	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.55	1.49	lb/d	******	.18	.47	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		05/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.49	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	28.5	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.1	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	4	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.28	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.02	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		05/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5996		05/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	26.5	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	877	******	lb/d	******	417	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	47	64.7	lb/d	******	23	23	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3325	******	lb/d	******	1566	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.14	.17	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	25.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.44	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	6	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.27	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.07	lb/d	******	.01	.02	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.8	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	17.8	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1289	******	lb/d	******	684	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30	39.9	lb/d	******	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4600	******	lb/d	******	2414	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.31	3.68	lb/d	******	1.61	5.86	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Storm knocked out power for several hours, had no oxygen to ditch which caused ammonia to rise power was restored numbers are back in line. New plant scheduled to build in 2018 has backup generator.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.43	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	30	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.04	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	1	93	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.21	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Storm knocked out power for several hours, had no oxygen to ditch which caused ammonia to rise power was restored numbers are back in line. New plant scheduled to build in 2018 has backup generator.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Storm knocked out power for several hours, had no oxygen to ditch which caused ammonia to rise power was restored numbers are back in line. New plant scheduled to build in 2018 has backup generator.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	17.6	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	555	******	lb/d	******	323	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	29	35.3	lb/d	******	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4008	******	lb/d	******	2340	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11.7	14.6	lb/d	******	5.49	6.25	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Extremely hot weather, low flows going into plant, broken weir on oxidation ditch not allowing enough oxygen into ditch, weir has since been repaired along with aerator, flows are back up numbers are going back down.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	8.94	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	16.3	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.02	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	42	10	291	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.21	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Extremely hot weather, low flows going into plant, broken weir on oxidation ditch not allowing enough oxygen into ditch, weir has since been repaired along with aerator, flows are back up numbers are going back down.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Extremely hot weather, low flows going into plant, broken weir on oxidation ditch not allowing enough oxygen into ditch, weir has since been repaired along with aerator, flows are back up numbers are going back down.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5	11	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	562	******	lb/d	******	266	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	21	22.1	lb/d	******	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2865	******	lb/d	******	1298	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.54	1	lb/d	******	1.56	3.73	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.61	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	27	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.02	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	19	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.21	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	8.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6.7	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	515	******	lb/d	******	300	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.5	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13	14.3	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2925	******	lb/d	******	1745	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.44	1.67	lb/d	******	.76	.8	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.84	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	31.1	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.64	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	13	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.19	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.08	lb/d	******	.02	.04	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/09/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	18.1	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1011	******	lb/d	******	428	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13	15.3	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3682	******	lb/d	******	1553	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.52	.75	lb/d	******	.18	.31	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/06/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.15	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	31.8	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.22	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	1	21	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.31	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.08	lb/d	******	.02	.04	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/06/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/06/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.8	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	13.9	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	909	******	lb/d	******	345	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20	21.1	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6579	******	lb/d	******	2144	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.07	2.57	lb/d	******	.45	.55	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.04	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	32.4	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.47	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	11	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.34	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.23	lb/d	******	.02	.05	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	21	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	383	******	lb/d	******	280	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14	33	lb/d	******	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1490	******	lb/d	******	1092	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.55	1.13	lb/d	******	.21	.33	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.25	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	32.3	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.36	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	2	10	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.21	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.07	lb/d	******	.02	.02	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.5	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	16	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	888	******	lb/d	******	612	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	17.5	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2887	******	lb/d	******	2248	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.84	1.27	lb/d	******	.4	.61	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.25	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	30.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.81	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	3	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.06	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17	15.3	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	635	******	lb/d	******	372	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	14.9	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1662	******	lb/d	******	965	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.14	.36	lb/d	******	.08	.18	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	15.9	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	34.8	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	8.34	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	5	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.06	lb/d	******	.02	.02	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	31.2	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1403	******	lb/d	******	620	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	37	64	lb/d	******	27	27	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5158	******	lb/d	******	2126	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.19	.3	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.34	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	29.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.79	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	3	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.33	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.13	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2018
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21	23.5	lb/d	******	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	723	******	lb/d	******	390	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	28	30.8	lb/d	******	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	995	******	lb/d	******	554	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.15	.25	lb/d	******	.07	.1	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/10/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.14	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	25.4	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.65	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	5	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.22	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.08	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/10/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/10/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21	23.5	lb/d	******	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	620	******	lb/d	******	368	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	20.5	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	959	******	lb/d	******	563	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.01	1.58	lb/d	******	.47	.79	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.15	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	17.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	9.2	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	6	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.22	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.07	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.5	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	14	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	367	******	lb/d	******	248	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	4.6	lb/d	******	2	2	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	309	******	lb/d	******	205	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.2	7.49	lb/d	******	2.6	3.26	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

we had pump and electrical problems with ras pumps, which caused our ammonia to rise has since been repaired and numbers are back in range.Also Permit is late however due to new Idaho Instance CDX login. CLB

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.46	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.57	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	9.48	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	3	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.19	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.06	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

we had pump and electrical problems with ras pumps, which caused our ammonia to rise has since been repaired and numbers are back in range.Also Permit is late however due to new Idaho Instance CDX login. CLB

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

we had pump and electrical problems with ras pumps, which caused our ammonia to rise has since been repaired and numbers are back in range.Also Permit is late however due to new Idaho Instance CDX login. CLB

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	15.1	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	704	******	lb/d	******	396	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	12.6	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1421	******	lb/d	******	807	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.61	3.34	lb/d	******	.89	2	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia is over due to pump and electrical problems in june, have been repaired numbers are now back in compliance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.28	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	15.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	9.1	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	3	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.21	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.04	lb/d	******	.02	.02	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia is over due to pump and electrical problems in june, have been repaired numbers are now back in compliance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia is over due to pump and electrical problems in june, have been repaired numbers are now back in compliance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	15.9	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	577	******	lb/d	******	248	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	9.2	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1017	******	lb/d	******	434	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.44	1.22	lb/d	******	.09	.17	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.82	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	21.1	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.28	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	3	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.28	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.08	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	10.6	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	477	******	lb/d	******	244	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	7.8	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	452	******	lb/d	******	240	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.22	.28	lb/d	******	.1	.12	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/10/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.59	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	27	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.85	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	20	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.06	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/10/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/10/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	12.4	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	580	******	lb/d	******	282	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	7.6	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	819	******	lb/d	******	412	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.19	.28	lb/d	******	.08	.11	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.67	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	29.7	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.17	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.24	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.07	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/08/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	11.2	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	522	******	lb/d	******	300	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	42	53.8	lb/d	******	24	24	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	531	******	lb/d	******	304	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.12	.25	lb/d	******	.07	.12	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/07/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.73	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	30.5	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.35	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	15	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.22	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.07	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/07/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/07/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	10.8	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	510	******	lb/d	******	343	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8	11.9	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	477	******	lb/d	******	310	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.2	.3	lb/d	******	.1	.13	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.24	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	31.8	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.9	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	12	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.18	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.08	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	16.4	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	642	******	lb/d	******	386	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10	14.8	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	797	******	lb/d	******	480	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.13	.18	lb/d	******	.06	.06	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/12/2019
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)

Our DMR is late this month due to results from testing not being aavilable until yesterday February 11, 2019. Thank you.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.79	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	28.8	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.82	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	2	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.22	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.09	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/12/2019
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)

Our DMR is late this month due to results from testing not being aavilable until yesterday February 11, 2019. Thank you.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/12/2019
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)

Our DMR is late this month due to results from testing not being aavilable until yesterday February 11, 2019. Thank you.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	22.3	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	630	******	lb/d	******	259	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	21.1	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	487	******	lb/d	******	199	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.41	1.22	lb/d	******	.11	.27	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.29	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	31.3	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	4	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.29	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.14	lb/d	******	.03	.04	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34	36.7	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1141	******	lb/d	******	323	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	62	67	lb/d	******	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1076	******	lb/d	******	306	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.11	.12	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2019
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.76	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	29	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.92	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	5	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.39	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.06	.12	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2019
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2019
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.2	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	19	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	738	******	lb/d	******	316	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	26	28	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	730	******	lb/d	******	317	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.24	.38	lb/d	******	.1	.2	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/07/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.22	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	36.1	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.96	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	4	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.06	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/07/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/07/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	13.2	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	548	******	lb/d	******	275	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13	17.5	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	418	******	lb/d	******	216	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.69	1.56	lb/d	******	.29	.55	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.15	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	8.65	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	5	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.24	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.06	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	4.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	13.5	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	516	******	lb/d	******	279	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9	12.1	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	534	******	lb/d	******	288	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.5	3.87	lb/d	******	.99	1.45	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Bearing went out on aerator, been repaired numbers are back in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.56	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.17	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.72	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.01	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Bearing went out on aerator, been repaired numbers are back in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Bearing went out on aerator, been repaired numbers are back in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	8.7	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	573	******	lb/d	******	252	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	18.5	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	906	******	lb/d	******	395	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.28	2.12	lb/d	******	.44	.77	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	66.5	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.96	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	8.17	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	4	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.01	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6.3	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	287	******	lb/d	******	190	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4	5.1	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	493	******	lb/d	******	319	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.19	.35	lb/d	******	.12	.21	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.15	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	17.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.53	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	17	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.18	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.06	lb/d	******	.01	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	30	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	530	******	lb/d	******	247	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	10.3	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	675	******	lb/d	******	326	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.45	.6	lb/d	******	.15	.18	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.31	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.6	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.67	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	4	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.1	lb/d	******	.01	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.4	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	15.3	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	381	******	lb/d	******	297	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	13	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	515	******	lb/d	******	400	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.25	.57	lb/d	******	.09	.18	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.91	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	31.3	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.05	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	24	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.14	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.04	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	14.8	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	442	******	lb/d	******	328	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4	7.1	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	422	******	lb/d	******	311	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.65	1.58	lb/d	******	.23	.28	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/09/2019
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.49	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	33.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.86	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	7	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.18	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.12	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/09/2019
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/09/2019
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	14.4	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	465	******	lb/d	******	376	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8	10.9	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	520	******	lb/d	******	417	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.14	.35	lb/d	******	.07	.15	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.81	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	29.5	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.75	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	1	16	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.16	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.04	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	11.1	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	394	******	lb/d	******	287	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	6.1	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	401	******	lb/d	******	289	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.17	.45	lb/d	******	.09	.17	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/07/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.07	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	28.5	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.17	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	6	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.16	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.08	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/07/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/07/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	8	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	463	******	lb/d	******	404	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9	11.3	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	922	******	lb/d	******	816	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.07	.08	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/09/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.76	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	24.8	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.66	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	7	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.15	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.04	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/09/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/09/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.6	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21	28.7	lb/d	******	15	15	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	460	******	lb/d	******	328	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	8.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	26	50	lb/d	******	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	679	******	lb/d	******	509	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.1	.12	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.92	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	23.6	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	8.94	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	1	148	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.15	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.04	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/09/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.8	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	16.6	lb/d	******	11	11	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	434	******	lb/d	******	320	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	19	22.3	lb/d	******	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	395	******	lb/d	******	288	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.13	.34	lb/d	******	.11	.24	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.11	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	22.7	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.28	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	3	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.13	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	11.8	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	300	******	lb/d	******	274	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	20.7	lb/d	******	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	324	******	lb/d	******	297	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.84	1.55	lb/d	******	.59	1.09	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles Bybee/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Acknowledge Average Monthly values exceed limit however last two weeks of tests were within range. first half of month the digester pump out of service for repair and temperatures fluctuated from cold to warm. Digester pump is repaired and online. Charles Bybee

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.53	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	14	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	9.34	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	5	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.13	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles Bybee/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Acknowledge Average Monthly values exceed limit however last two weeks of tests were within range. first half of month the digester pump out of service for repair and temperatures fluctuated from cold to warm. Digester pump is repaired and online. Charles Bybee

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles Bybee/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Acknowledge Average Monthly values exceed limit however last two weeks of tests were within range. first half of month the digester pump out of service for repair and temperatures fluctuated from cold to warm. Digester pump is repaired and online. Charles Bybee

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	10.2	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	380	******	lb/d	******	299	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	20.6	lb/d	******	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	366	******	lb/d	******	286	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.95	3.63	lb/d	******	1.02	1.74	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2020
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)

we have tested places in the plant for ammonia, it seems to be being generated in our polishing pond. we are working with the engineers to find a solution to the problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.18	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.51	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.43	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	25	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.16	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2020
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)

we have tested places in the plant for ammonia, it seems to be being generated in our polishing pond. we are working with the engineers to find a solution to the problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/10/2020
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)

we have tested places in the plant for ammonia, it seems to be being generated in our polishing pond. we are working with the engineers to find a solution to the problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	19.1	lb/d	******	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	319	******	lb/d	******	254	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	26	29.8	lb/d	******	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	353	******	lb/d	******	279	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.77	1.07	lb/d	******	.34	1.14	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/10/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.16	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.84	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.93	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.14	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.04	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/10/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

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

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/10/2020
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	11.3	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	355	******	lb/d	******	257	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	19	21.4	lb/d	******	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	279	******	lb/d	******	208	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.25	2.59	lb/d	******	1.45	1.63	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia limit was exceeded, being created in polishing pond, working with engineers on cost effective way to solve problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.03	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.6	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.68	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	1	36	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.16	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.06	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia limit was exceeded, being created in polishing pond, working with engineers on cost effective way to solve problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia limit was exceeded, being created in polishing pond, working with engineers on cost effective way to solve problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.2	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10	12.2	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	357	******	lb/d	******	272	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	14.8	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	348	******	lb/d	******	266	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.31	2.13	lb/d	******	.77	1.11	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/05/2020
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)

we moved airation system, in pond ammonia are coming down, should be back to normal numbers on next DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.31	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.46	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.33	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	1	55	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.16	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.06	lb/d	******	.03	.04	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/05/2020
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)

we moved airation system, in pond ammonia are coming down, should be back to normal numbers on next DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/05/2020
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)

we moved airation system, in pond ammonia are coming down, should be back to normal numbers on next DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	8.7	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	347	******	lb/d	******	300	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6.2	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	427	******	lb/d	******	366	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.55	.91	lb/d	******	.53	.64	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/09/2020
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)

polishing pond has some denitrification going on, areator has been moved ans adjusted problem should be resolved in a few days.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.63	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	15.36	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.35	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.14	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.04	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/09/2020
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)

polishing pond has some denitrification going on, areator has been moved ans adjusted problem should be resolved in a few days.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/09/2020
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)

polishing pond has some denitrification going on, areator has been moved ans adjusted problem should be resolved in a few days.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.8	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10	13.9	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	358	******	lb/d	******	292	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8	10.2	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	360	******	lb/d	******	294	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.37	2	lb/d	******	.83	1.12	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/09/2020
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)

Ammonia exceedance due to algae in finishing pond.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.24	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	19.6	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.35	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.14	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/09/2020
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)

Ammonia exceedance due to algae in finishing pond.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/09/2020
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)

Ammonia exceedance due to algae in finishing pond.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24	35.5	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	816	******	lb/d	******	347	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27	41.5	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	865	******	lb/d	******	431	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.83	4.17	lb/d	******	.6	.91	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia coming from settling pond, working with engineers to correct problem

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.77	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	26.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.32	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	5	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.29	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.06	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia coming from settling pond, working with engineers to correct problem

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia coming from settling pond, working with engineers to correct problem

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.8	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	13.3	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	424	******	lb/d	******	384	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11	12.7	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	330	******	lb/d	******	296	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.1	.19	lb/d	******	.08	.14	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.29	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	32.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.41	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.13	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.04	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.2	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	16.5	lb/d	******	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	389	******	lb/d	******	328	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18	22	lb/d	******	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	350	******	lb/d	******	295	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.07	.08	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.17	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	31.1	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.76	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	1	54	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.04	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	8.1	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	22.2	lb/d	******	16	16	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	441	******	lb/d	******	413	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.5	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	28	34.5	lb/d	******	25	25	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	520	******	lb/d	******	508	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.07	.09	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/06/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.66	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	24	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.23	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	13	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.04	lb/d	******	.01	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/06/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/06/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13	10.3	lb/d	******	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	379	******	lb/d	******	371	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.2	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	14.3	lb/d	******	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	369	******	lb/d	******	363	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.15	.3	lb/d	******	.37	1.1	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.18	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	21.7	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.8	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	6	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.13	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.04	lb/d	******	.01	.02	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	15.7	lb/d	******	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	343	******	lb/d	******	335	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17	24.3	lb/d	******	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	397	******	lb/d	******	394	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.84	4.19	lb/d	******	2.54	2.79	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

polishing pond is creating ammonia, working on draining bottom of pond to correct problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.11	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	12.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.43	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	137	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.14	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.05	lb/d	******	.02	.03	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

polishing pond is creating ammonia, working on draining bottom of pond to correct problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

polishing pond is creating ammonia, working on draining bottom of pond to correct problem.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.2	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	8.8	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	365	******	lb/d	******	365	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8	10.3	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	472	******	lb/d	******	473	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.89	2.77	lb/d	******	.77	2.37	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

polishing pond causing rise in ammonia, pond is being pumped to clean resolve problem

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.03	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.69	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.84	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	2	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.11	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.06	lb/d	******	.02	.06	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

polishing pond causing rise in ammonia, pond is being pumped to clean resolve problem

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		07/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

polishing pond causing rise in ammonia, pond is being pumped to clean resolve problem

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	10.8	lb/d	******	11	11	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	301	******	lb/d	******	284	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20	18.4	lb/d	******	19	19	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	282	******	lb/d	******	269	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.51	1.76	lb/d	******	.44	1.41	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/04/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

pond was back on line a few weeks, still heavy ammonnia,back off line continue to drain pond.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.98	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.78	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.65	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	1	23	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.13	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.07	lb/d	******	.03	.08	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/04/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

pond was back on line a few weeks, still heavy ammonnia,back off line continue to drain pond.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		08/04/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

pond was back on line a few weeks, still heavy ammonnia,back off line continue to drain pond.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	11.4	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	306	******	lb/d	******	260	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4	4.3	lb/d	******	3	3	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	333	******	lb/d	******	284	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.23	.29	lb/d	******	.16	.19	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.28	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.05	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.57	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	7	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.29	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.05	lb/d	******	.03	.04	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		09/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	10.4	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	288	******	lb/d	******	237	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	9	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	276	******	lb/d	******	228	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.3	.54	lb/d	******	.65	2.51	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Areator went down on 09/25/21 had to manufacture new parts, will be back on line 10/08/21

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.95	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	13.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	13.6	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	9	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.15	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.06	lb/d	******	.03	.05	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Areator went down on 09/25/21 had to manufacture new parts, will be back on line 10/08/21

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		10/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Areator went down on 09/25/21 had to manufacture new parts, will be back on line 10/08/21

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	8.3	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	13.1	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	307	******	lb/d	******	263	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10	16	lb/d	******	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	304	******	lb/d	******	266	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.1	6.47	lb/d	******	2.33	4.56	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/09/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Arieator was broke down, has been repaired as of oct 14th numbers are now back in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.24	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.1	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.57	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	1	1	1	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.16	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.09	lb/d	******	.04	.06	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/09/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Arieator was broke down, has been repaired as of oct 14th numbers are now back in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		11/09/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Arieator was broke down, has been repaired as of oct 14th numbers are now back in 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: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	3.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	10.4	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	324	******	lb/d	******	223	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	8.4	lb/d	******	5	5	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	294	******	lb/d	******	201	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.19	.27	lb/d	******	.11	.14	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.67	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	24.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.83	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	1	1120	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.17	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.08	lb/d	******	.04	.06	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		12/08/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5	6.1	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	327	******	lb/d	******	270	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8	8	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	304	******	lb/d	******	260	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.11	.12	lb/d	******	.16	.18	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.87	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	28.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	3.92	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	1	20	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.15	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.05	.07	lb/d	******	.04	.09	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		01/10/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2022	01/31/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	13.8	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5	8.2	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	456	******	lb/d	******	285	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	13.7	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	524	******	lb/d	******	318	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.2	.52	lb/d	******	.13	.37	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2022	01/31/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.2	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	28.2	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.01	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	6	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.17	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.13	lb/d	******	.05	.08	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2022	01/31/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		02/09/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
02/01/2022	02/28/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	12	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	12.4	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	514	******	lb/d	******	338	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	12.4	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	527	******	lb/d	******	343	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.08	.09	lb/d	******	.05	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2022	02/28/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.05	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	30	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	3.34	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	69	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.17	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.05	.11	lb/d	******	.05	.07	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2022	02/28/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		03/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
03/01/2022	03/31/2022

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.9	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	15.4	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	435	******	lb/d	******	292	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9	12.7	lb/d	******	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	466	******	lb/d	******	314	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.28	4.17	lb/d	******	.5	1.47	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Code 00610- Ammonia was created in pond, aeration system has been added to pond will correct the problem.Code 31616- We show that the value is within Permit level.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2022	03/31/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.83	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	27.9	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.32	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	1	727	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.05	.1	lb/d	******	.05	.09	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Code 00610- Ammonia was created in pond, aeration system has been added to pond will correct the problem.Code 31616- We show that the value is within Permit level.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2022	03/31/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		04/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Code 00610- Ammonia was created in pond, aeration system has been added to pond will correct the problem.Code 31616- We show that the value is within Permit level.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2022	04/30/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10	12	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	465	******	lb/d	******	327	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24	28.2	lb/d	******	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	482	******	lb/d	******	338	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.14	1.96	lb/d	******	.68	1.1	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/09/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia created in pond before new aerators were installed, aerators are installed and running as of April 14th 2022.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2022	04/30/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.29	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10.3	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.84	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	10	#/100mL		Weekly	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	100 MO GEO	800 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.18	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.09	lb/d	******	.04	.06	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/09/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia created in pond before new aerators were installed, aerators are installed and running as of April 14th 2022.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2022	04/30/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		05/09/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia created in pond before new aerators were installed, aerators are installed and running as of April 14th 2022.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF
ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP
LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2022	05/31/2022

DMR Mailing ZIP CODE: 83330
MAJOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.7	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	12.6	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	403	******	lb/d	******	269	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	8.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18	21.8	lb/d	******	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	150 MO AVG	225 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	493	******	lb/d	******	337	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.57	2.55	lb/d	******	.85	1.39	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	10.8 DAILY MX	lb/d	******	.5 MO AVG	1.3 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia created in pond, now useing two areators.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2022	05/31/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.52	mg/L		Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	21.6	mg/L		Weekly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	7.09	mg/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	1	15	#/100mL		Weekly	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.19	******	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.09	lb/d	******	.04	.06	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.8 MO AVG	.8 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia created in pond, now useing two areators.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: GOODING, CITY OF

ADDRESS: 1800 E AND 4TH AVE
GOODING, ID 83330

FACILITY: GOODING, CITY OF - GOODING WWTP

LOCATION: 1775 S 1800 E RD SOUTH
GOODING, ID 83330

ATTN: TODD BUNN, PUB WORKS DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020028	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2022	05/31/2022

DMR Mailing ZIP CODE: 83330

MAJOR $

(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Charles Bybee	(208)934-5669		06/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Ammonia created in pond, now useing two areators.