NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: AVISTA CORPORATION
ADDRESS: PO BOX 3727
SPOKANE, WA 99220-3727
FACILITY: AVISTA CORPORATION - CABINET GORGE POWER STATION
LOCATION: 61940 HIGHWAY 200
CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0027995	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 99220-3727
MINOR
(SUBR 01)
TO THE CLARK FORK RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******		******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******		******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******		******				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY AVG	******	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Dennis Vermillion, Pres.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Pamela Kish	509.495.4948		03/03/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Permit terminated February 9, 2014. Final DMR.

ICBO 3/14/14

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD

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