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

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

NAME: CLEAR SPRINGS FOODS, INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316

IDG132002
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83318
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

RECEIVED
FEB 2 2 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD			
	MM / DD / YYYY		MM / DD / YYYY
From	01 / 01 / 2012	To	01 / 31 / 2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature,water deg. C	SAMPLE MEASUREMENT	****	****	****	****	14.6	****	°C	0	Monthly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Reg. Mon. MO AVG	****			Monthly	GRAB
BOD, 5-Day, 20 Deg. C	SAMPLE MEASUREMENT	16.1	16.1	lb/d	****	11.0	11.0	mg/L	0	Monthly	Compos
00310 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	180.5 MO AVG	361.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
pH	SAMPLE MEASUREMENT	****	****	****	6.6	****	7.5	SU	0	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.5 minimum	****	9.0 maximum			Monthly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	92.4	92.4	lb/d	****	3.0	3.0	mg/L	0	Monthly	Compos
00530 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	150.0 MO AVG	301.5 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Nitrogen, ammonia total(as N)	SAMPLE MEASUREMENT	****	****	****	****	****	8.14	mg/L	0	Monthly	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	Reg. Mon. DAILY MX			Monthly	COMP24
Phosphorus, total (as P) Effluent - WQBEL	SAMPLE MEASUREMENT	14.9	14.9	lb/d	****	0.478	0.478	mg/L	0	Monthly	Compos
00665 T 0 *TRADE IN PLACE*	PERMIT REQUIREMENT	20.2 MO AVG	39.8 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Oil and Grease	SAMPLE MEASUREMENT	3.7	3.7	lb/d	****	<5.0	<5.0	mg/L	0	Monthly	Grab
03582 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	96.0 MO AVG	192.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	GRAB

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John R. MacMillan	208	543-3456	02/15/2012
TYPED OR PRINTED		Signature of Principal Executive Officer or Authorized Agent	Area Code	Number	MM / DD / YYYY

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

RIS 2/28/12

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	5.76	cfs	****	****	****	****	0	Monthly	Measrd
50050 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	****	Reg. Mon. DAILY MX		****	****	****			Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	<0.1 mg/l	<0.1 mg/l	µg/L	0	Monthly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	11 MO AVG	19 DAILY MX			Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****	****	****	****	3.481	mg/L		Monthly	Compos
00665 1 0 Effluent - TBEL	PERMIT REQUIREMENT	****	****		****	***	17.4 DAILY MX			Monthly	COMP24

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John R. MacMillan	(208)	543-3456	02/15/2012
TYPED OR PRINTED		Signature of Principal Executive Officer or Authorized Agent	Area Code	Number	MM / DD / YYYY

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