JUL 23 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

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

NAME: CLEAR LAKES TROUT CO. PROCESSING
ADDRESS: P.O. BOX 72
BUHL, ID 83316
FACILITY: CLEAR LAKES TROUT PROCESSING
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316

ATTN: DAN LYON

IDG132001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.3	******	°C		1/30	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0.18	0.18	lb/d	******	23.0	23.0	mg/L		1/30	COMP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.73	******	7.73	SU		1/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.34	0.34	lb/d	******	42.0	42.0	mg/L		1/30	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	27.2 MO AVG	54.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	29.8	mg/L		1/30	COMP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	0.07	0.07	lb/d	******	8.37	8.37	mg/L		1/30	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	7.8 DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	0.0	0.0	lb/d	******	0.0	0.0	mg/L		1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	29 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Dirk Bagley	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		208	543-6444	07/20/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

ICIS 7/30/12

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	0.00148	CFS	******	******	******	******		1/30	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NS	NS				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	11 MO AVG	19 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Dirk Boggard	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 543-	6494	07/20/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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