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

RECEIVED JUN 1 6 2015 U.S. EPA REGION 10 OFFICE OF WATER & WATERSHEDS

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF TWIN FALLS
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303
FACILITY: TWIN FALLS, CITY OF
LOCATION: 350 CANYON SPRINGS ROAD WEST

ATTN: TRAVIS ROTHWEILER, CITY MANAGER

ID0021270	001 A
PERMIT NUMBER	DISCHARGE NUMBER

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	05	01	TO	15	05	31

DMR MAILING ZIP CODE:
DMR Mailing ZIP CODE: 83303
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			
Temperatue, water deg. centigrade	SAMPLE MEASUREMENT	24.5	27.7	deg C	********	*******	********	*******	0	Continuous	RECORD
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req.Mon. DAILY MX		********	*******	********			Continuous	RECORD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	643	1301	lb/d	********	10	20	mg/L)	0	Four Per Week	COMP-24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVE		********	30 MO AVG	45 WKLY AVE			Four Per Week	COMP 24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	********	********		******	362	413	mg/L	0	Four Per Week	COMP-24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	********	********		*******	Req. Mon. MO AVG	Req. Mon. WKLY AVG			Four Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	********	LB/D (26)	7.6	******	8.0	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	********		6.5 MINIMUM	******	9 MAXIMUM			Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1041	2010	lb/d	********	16	31	mg/L	0	Four Per Week	COMP-24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG		********	30 MO AVG	45 WKLY AVE			Four Per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******		********	304	391	mg/L	0	Four Per Week	COMP-24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		********	Req. Mon. MO AVG	Req. Mon. MX WK AV			Four Per Week	COMP24
Nitogen, ammonia total (as N)	SAMPLE MEASUREMENT	62	246	lb/d	******	0.9	3.6	mg/L	0	WEEKLY	COMP-24
00610 Q 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX		******	3.8 MO AVG	5.4 DAILY MX			WEEKLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Shawn Moffitt, Project Manager CH2M HILL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	734-9933	15	06	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

RECEIVED JUN 16 2015 U.S. EPA REGION 10 OFFICE OF WATER & WATERSHEDS

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OMB No. 2040-0004

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

NAME: CITY OF TWIN FALLS
ADDRESS: PO BOX 1907
TWIN FALLS, ID 83303
FACILITY: TWIN FALLS, CITY OF
LOCATION: 350 CANYON SPRINGS ROAD WEST

ATTN: TRVIS ROTHWEILER, CITY MANAGER

ID0021270	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	05	01	TO	15	05	31

DMR MAILING ZIP CODE: DMRMailing2PCODE8302
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, nitrate total (as N)	SAMPLE MEASUREMENT	******	******	******	********	35.9	46.8	mg/L	0	WEEKLY	COMP-24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		********	Req. Mon. MO AVG	Req. Mon. DAILY MX			WEEKLY	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******	******	******	5.1	9.3	mg/L	0	WEEKLY	COMP-24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	********		********	Req. Mon. MO AVG	Req. Mon. DAILY MX			WEEKLY	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	494	691	lb/d	********	8	10	mg/L	0	WEEKLY	COMP-24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG		********	Req. Mon. MO AVG	Req. Mon. WKLY AVG			WEEKLY	COMP24
E.coli. MTEC-MF	SAMPLE MEASUREMENT	******	******	******	********	6	390	#/100mL	0	5 Times Every Mo	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		********	126 MO GEO	406 INST MAX			5 Times Every Mo	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	7.65	8.73	Mgal/d	********	********	********	******	0	Continuous	RECORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		********	********	********			Continuous	RECORD
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	toxic		Semi-Annual	COMP-24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	********	********		********	******	Req. Mon. MAXIMUM			Semi-Annual	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	********	********	******	97	********	********	%	0	Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	********	********		>85 MINIMUM	********	********			Monthly	CALCTD

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TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NAME: CITY OF TWIN FALLS
ADDRESS: PO BOX 9107
TWIN FALLS, ID 83303
FACILITY: TWIN FALLS, CITY OF
LOCATION: 350 CANYON SPRINGS ROAD WEST

ATTN: TRAVIS ROTHWEILER, CITY MANAGER

ID0021270	001 A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	05	01	TO	15	05	31

DMR MAILING ZIP CODE: DMR MAIL ZIP CODE 880
MAJOR $
(SUBR 05)
External Outfall

RECEIVED
JUN 1 6 2015

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 81011K 0 Percent Removal	SAMPLE MEASUREMENT	********	********	******	95	********	********	%	0	Monthly	CALCTD
	PERMIT REQUIREMENT	********	********		>85 MINIMUM	********	********			Monthly	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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