

## DMR Copy of Record

| Permit   |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
|--|--|----------|-------------|---------------------|---|-------------|---------|--------------------------|--------------------|--|-------------|---------|-------------|-----------------------|-------------|-------------------|-------------|--|
| Permit #:  | ID0021504                                      |          |             | Permittee:          | CALDWELL, CITY OF                           |             |         |                          | Facility:          | CALDWELL, CITY OF - CALDWELL WWTP      |             |         |             |                       |             |                   |             |  |
| Major:   | Yes  |          |             | Permittee Address:  | 621 E. CLEVELAND BLVD<br>CALDWELL, ID 83605 |             |         |                          | Facility Location: | 208 JOHNSON LANE<br>CALDWELL, ID 83605 |             |         |             |                       |             |                   |             |  |
| Permitted Feature:   | 001<br>External Outfall                        |          |             | Discharge:          | 001-H<br>Boise River                        |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Report Dates & Status  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Monitoring Period:   | From 07/01/19 to 09/30/19                      |          |             | DMR Due Date:       | 10/20/19                                    |             |         |                          | Status:            | NetDMR Validated                       |             |         |             |                       |             |                   |             |  |
| Considerations for Form Completion   |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| See Permit Part I.D, Table 3   |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Principal Executive Officer  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| First Name:  | Brent  |          |             | Title:              | Public Works Director                       |             |         |                          | Telephone:         | 208-455-4734                           |             |         |             |                       |             |                   |             |  |
| Last Name:   | Orton  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| No Data Indicator (NODI)   |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Form NODI:   | --   |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Parameter  | Monitoring Location                            | Season # | Param. NODI | Quantity or Loading |   |             |         | Quality or Concentration |                    |  |             |         | # of Ex.    | Frequency of Analysis | Sample Type |                   |             |  |
| Code   | Name   |          |             | Qualifier 1         | Value 1                                     | Qualifier 2 | Value 2 | Units                    | Qualifier 1        | Value 1                                | Qualifier 2 | Value 2 | Qualifier 3 | Value 3               | Units       |                   |             |  |
| TT000  | Toxicity, Chronic EA - Effluent Adjusted Value | 0        | --          | Sample              |   |             |         |                          |                    | =                                      | 1           | =       | 1           | 73 - toxic            |             | 01/90 - Quarterly | 24 - COMP24 |  |
|  |  |          |             | Permit Req.         |   |             |         |                          |                    | <=                                     | 8 MO AVG    | <=      | 16 DAILY MX | 73 - toxic            |             | 01/90 - Quarterly | 24 - COMP24 |  |
|  |  |          |             | Value NODI          |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Submission Note  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Edit Check Errors  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| No errors.   |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Comments   |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
|  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Attachments  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| No attachments.  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Report Last Saved By   |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| CALDWELL, CITY OF  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| User:  | RKKEETON                                       |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Name:  | Kathryn Keeton                                 |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| E-Mail:  | kkeeton@cityofcaldwell.org                     |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Date/Time:   | 2019-10-09 12:28 (Time Zone: -06:00)           |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Report Last Signed By  |  |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| User:  | SARREOLA@CITYOFCALDWELL.ORG                    |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Name:  | Salvador Arreola                               |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| E-Mail:  | sarreola@cityofcaldwell.org                    |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |
| Date/Time:   | 2019-10-17 12:20 (Time Zone: -06:00)           |          |             |                     |   |             |         |                          |                    |  |             |         |             |                       |             |                   |             |  |