

## 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 04/01/18 to 06/30/18            |                              |          | DMR Due Date:      | 07/20/18                                    |         |             |         | 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:               |  |         |             |         |             |                       |             |                   |             |  |
| Last Name:   | Orton                                |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| No Data Indicator (NODI)   |                                      |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| Form NODI:   | --                                   |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| Parameter Code   | Name                                 | Monitoring Location          | Season # | Param. NODI        | Quantity or Loading                         |         |             |         | Quality or Concentration |  |         |             |         | # of Ex.    | Frequency of Analysis | Sample Type |                   |             |  |
|  |                                      |                              |          |                    | 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        | --                 |   |         |             |         |                          |  | =       | 1           | =       | 1           | 73 - toxic            |             | 01/90 - Quarterly | 24 - COMP24 |  |
|  |                                      |                              |          |                    |   |         |             |         |                          |  | <=      | 8 MO AVG    | <=      | 16 DAILY MX | 73 - toxic            |             | 01/90 - Quarterly | 24 - COMP24 |  |
|  |                                      |                              |          |                    | Sample Permit Req. 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:  | KCHATTIN@CITYOFCALDWELL.ORG          |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| Name:  | Kaitlin Chattin                      |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| E-Mail:  | kchattin@cityofcaldwell.org          |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| Date/Time:   | 2018-07-20 13:59 (Time Zone: -06:00) |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| Report Last Signed By  |                                      |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| User:  | SARREOLA@CITYOFCALDWELL.ORG          |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| Name:  | Salvador Arreola                     |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| E-Mail:  | sarreola@cityofcaldwell.org          |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |
| Date/Time:   | 2018-07-20 14:00 (Time Zone: -06:00) |                              |          |                    |   |         |             |         |                          |  |         |             |         |             |                       |             |                   |             |  |