

Permit Information

Report Year: 2018NPDES ID: IDR053257

Facility Information

Facility Name: RASMUSSEN VALLEY

Facility Point of Contact

First Name Middle Initial Last Name: Mark Chapman

Organization:

Title:

Phone: 208-574-2080Ext. 1302Email: mark.chapman@tafos.com

Facility Mailing Address

Address Line 1: RASMUSSEN VALLEY NORTH OF SODA SPRINGS

Address Line 2:

City: SODA SPRINGSZIP/Postal Code: 83276State: IDCounty or Similar Division: CARIBOU

General Findings

Provide a summary of your past year's routine facility inspection documentation (see Part 3.1.2 of the permit). In addition, if you are an operator of an airport facility (Sector S) that is subject to the airport effluent limitations guidelines, and are complying with the MSGP Part 8.S.8.1 effluent limitation through the use of non-urea-containing deicers, provide a statement certifying that you do not use pavement deicers containing urea (e.g., "Urea was not used at [name of airport] for pavement deicing in the past year and will also not be used in 2015." (Note: Operators of airport facilities that are complying with Part 8.S.8.1 by meeting the numeric effluent limitation for ammonia do not need to include this statement.)

Inspection were performed on a weekly frequency due to pre-mining. Regular BMP maintenance and corrections were completed as needed such as but not limited to cleaning of sediment, ditches, culverts, reinforcement of silt fence, and straw wattles.

Provide a summary of your past year's quarterly visual assessment documentation (see Part 3.2.2 of the permit).

Quarterly inspections were completed and submitted via NetDMR. No concerns were identified during inspections.

For any four-sample (minimum) average benchmark monitoring exceedance, if after reviewing the selection, design, installation, and implementation of your control measures and considering whether any modifications are necessary to meet the effluent limits in the permit, you determine that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice, provide your rationale for why you believe no further reductions are achievable (see Part 6.2.1.2 of the permit). Enter "NA" if not applicable.

There is no outfalls identified at this site and no samples were collected. N/A

Provide a summary of your past year's corrective action documentation (See Part 4.4 of the permit). (Note: If corrective action is not yet completed at the time of submission of this annual report, you must describe the status of any outstanding corrective action(s).) Also describe any incidents of noncompliance in the past year or currently ongoing, or if none, provide a statement that you are in compliance with the permit.

1. On 9/11/2018 identified Pond 7 culvert inlet was broken at joint and was replaced with dirsko pipe on 9/19/2018.
2. On 9/26/2018 identified Pond 23 culvert was smashed and was replaced by a contractor on 10/10/2018.
3. On 10/25/2018 identified FMTE culvert to the South Ras Drainage was collapsed and replaced by contractor on 11/9/2018.

Certification Information

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 gathered and evaluated 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.

Certified By: Mark Chapman (RASVALLEY)

Certified On: 01/28/2019 5:22 PM