

Permit Information

Report Year: 2019

NPDES ID: IDR053049

Facility Information

Facility Name: MEADOW GOLD DAIRIES

Facility Point of Contact

First Name Steve Middle Initial Last Name: OvertonPhone: 208-343-3671 Ext.: Email: steve_overton@deanfoods.com

Facility Mailing Address

Address Line 1: 1301 WEST BANNOCKAddress Line 2: SUITE 3400City: BOISEZIP/Postal Code: 83702State: IDCounty or Similar Division: ADA

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.)

Facility inspections were conduct on a quarterly basis. Samples were taken during measurable events. During each of these visual inspections various items were noted and were assigned an action plan to correct issues. These issues range from broken pieces of wood pallets, plastic caps, leaves, cardboard etc. The roof drain screens and storm drain grates are kept clean of leaves and other foreign objects. All the observed issues were corrected within 24 hrs and documented on the quarterly inspection form. We also use a daily supervisor for m that monitors general housekeeping throughout the facility to correct any issues that are noted out of spec. This usually is assigned to s omeone on shift and the issue is corrected immediately.

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

Visual assessment of the storm drains were observed each quarter. During a qualifying event samples were taken and submitted and results recorded. There were no indicators of storm water pollution.

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.

Samples were tested for total phosphorus, TSS and Ecoli at various times through out the year. These results were entered into the EPA database. I will be submitting a request for a NOE due to our facility not discharging to the storm water system. All roof drains and facility y drains are captured and discharged to the city sanitary sewer system. I will continue to monitor and evaluate the facility according to our MSGP until notified of decision to continue to monitor our facility.

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.

All corrective actions were completed within a 24 hr period from initial observation. This ranged from cleaning up leaves to picking up pieces of broken pallets. Chemical drip pans were cleaned on a as needed basic. All pallets and empty cases are organized to facilitate cleanup. Dumpster areas are cleaned daily to capture any refuse that accumulated during the day. We conduct day to day operations to ensure we stay in compliance with our MSGP. No issues to report.

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 have no personal knowledge that the information submitted is other than 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: Lynn A. Petersen

Certifier Title:

Certifier Email: lynn_petersen@deanfoods.com

Certified On: 01/21/2020 11:35 AM ET