

Permit Information

Report Year: 2019NPDES ID: IDR053016

Facility Information

Facility Name: LIME MOUNTAIN QUARRY

Facility Point of Contact

First Name Middle Initial Last Name: Margaret HallPhone: 425-246-9905 Ext.: Email: mags_h@msn.com

Facility Mailing Address

Address Line 1: NINE MILES EAST OF OROFINOAddress Line 2: City: OROFINOZIP/Postal Code: 83544 State: IDCounty or Similar Division: CLEARWATER

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.)

No annual inspection was completed due to a legal dispute between the State of Idaho and a private landowner regarding access to the project. Idaho Lime is authorized to use this access right-of-way but with the dispute the State has asked us not to use it until the dispute is resolved. There is limited disturbance and opportunities for a discharge

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

NA-See above

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.

NA

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.

NA - See Above

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: Margaret E. Hall

Certifier Title: Manager

Certifier Email: mags_h@msn.com

Certified On: 01/28/2020 1:23 PM ET