

NPDES  
FORM  
6100-28
 UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
 WASHINGTON, DC 20460  
 ANNUAL REPORT FOR STORMWATER DISCHARGES ASSOCIATED WITH  
 INDUSTRIAL ACTIVITY UNDER THE NPDES THE NPDES MULTI-SECTOR GENERAL PERMIT

By

Form Approved  
OMB No. 2040-0004**A. Approval to Use Paper Annual Report Form**1. Have you been granted a waiver from electronic reporting from the EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- ☒ The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver:

MARGARET MCCAULEY

Date approval  
obtained:

01 / 09 / 2018

\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper annual report form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (Net) at <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPA-MultiSector-General-Permit.cfm>

**B. Permit Information**

1. NPDES ID:

IDR053164

**C. Facility Information**

1. Facility Name: CLEAR SPRINGS FOODS PROCESSING

2. Facility Phone: 208 - 543 - 3488 Ext.

3. Facility Mailing Address:

Street: 1579 - A CLEAR LAKE GRADE

City: BUHL State: ID ZIP Code: 83316 -

County or Similar Government Subdivision: GOODING

4. Point of Contact:

First Name, Middle Initial, Last Name: JOHN R MACMILLAN

**D. General Findings**

1. 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 5) that is subject to the airport effluent limitations guidelines, and are complying with the MSGP Part 8.5.8.1 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 8.5.8.1 by meeting the numeric effluent limitation for ammonia do not need to include this statement.)

1. Part of facility subject to stormwater runoff is a parking lot used daily. Daily observation occurs.
2. Monthly food safety, sanitation, and security inspections occur. Printed records are available.
3. Drains are periodically cleaned and as needed.

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

1. Stormwater discharge events were very rare.

3. 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.

No exceedences. No samples collected for benchmark monitoring. There is no monitoring requirement.

4. 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.

No corrective actions occurred.

### E. 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.

First Name, Middle Initial, Last Name: J O H N      R      M A C M I L L A N

Title: V I C E P R E S I D E N T

Signature:

*John R MacMillan*

Date: 01 / 17 / 2019

E-mail:

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