



Permit Information

Report Year: 2019

NPDES ID: IDR053208

Facility Information

Facility Name: ALLIANCE LIQUID FEEDS

Facility Point of Contact

First Name Middle Initial Last Name: Donald A Torbert

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Email: buzz.torbert@df.com

Facility Mailing Address

Address Line 1: 3139 ELDRIDGE AVENUE

Address Line 2: City: TWIN FALLS

ZIP/Postal Code: 83301 State: ID

County or Similar Division: TWIN FALLS

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.)

Quarterly Facility Inspections were completed and on file

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

MSGP Quarterly Visual Inspections were completed and on file

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 - There were no discharges during the 2019 reporting year

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 exist - Facility is in compliance with the permit

Attached files:

Name	Uploaded Date	Size

Name	Uploaded Date	Size
10-4-2019 MSGP Quarterly Inspection and Quarterly Facility Inspection.pdf (arptAttachment/395578)	01/06/2020	659.16 KB
7-2-2019 MSGP Quarterly Inspection and Quarterly Facility Inspection.pdf (arptAttachment/395577)	01/06/2020	653.67 KB
4-5-2019 MSGP Quarterly Inspection and Quarterly Facility Inspection.pdf (arptAttachment/395576)	01/06/2020	801.39 KB
1-2-2020 MSGP Quarterly Inspection and Quarterly Facility Inspection.pdf (arptAttachment/395575)	01/06/2020	840.01 KB

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: Donald A. Torbert

Certifier Title: Plant Manager

Certifier Email: buzz.torbert@allianceliquidfeeds.com

Certified On: 01/06/2020 12:34 PM ET