Analytical Laboratories, Inc.
1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0534264

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: RUSS
Submitted By: GRYHND/J WILSON

Time of Collection: 13:30
Date of Collection: 11/9/2005
Date Received: 11/10/2005
Report Date: 11/11/2005

Source of Sample:
WWTP LAGOON EFFLUENT

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/11/2005	RLV

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

Analytical Laboratories, Inc.
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Boise, Idaho 83703
Phone (208) 342-5515
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0533592

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: RUSS
Submitted By: GRYHND/J WILSON

Source of Sample:
WWTP LAGOON EFFLUENT

Time of Collection: 15:35
Date of Collection: 11/3/2005
Date Received: 11/4/2005
Report Date: 11/8/2005

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/5/2005	LM

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

CLIENT CODE= NEWMWW 11/10/05

CHAIN OF CUSTODY RECORD

ANALYTICAL LABS, INC.
1804 N. 33rd Street • Boise, ID 83703
(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Website: www.analyticallaboratories.com
E-mail: ali@analyticallaboratories.com

CLIENT INFORMATION:

Project Manager:
Company: New Meadows
Address:
Phone: Fax:
Sampled by: *(Please print)*

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:
Transported by: *(Please print)*

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD	TSS	Ecoli	H_2O						Remarks:
34393	11-10-05	1400	Influent			X								
34394	↓	1405	Effluent			X								
34395	11-10-05	1350	Effluent				X							

Invoice to: *(If different than above address)*

Special Instructions:

ALLOCATIONS OF RISK: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstance will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.

Note: Samples are discarded 21 days after results are reported. Hazardous samples will be returned to client or disposed of at client expense.

	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Christopher P. Brigham	ALI	10-11-05	0830
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)*				

SAMPLE RECEIPT Total # of Containers: Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: Condition:

Analytical Laboratories

REV. 10/04

WHITE: STAYS WITH SAMPLE(S) YELLOW: LAB PINK: SAMPLER

Analytical Laboratories, Inc.
1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0534395

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
EFFLUENT WASTEWATER

Time of Collection: 13:50
Date of Collection: 11/10/2005
Date Received: 11/10/2005
Report Date: 11/14/2005

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/12/2005	RLV

Michael D. Moore 11/15/2005

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.
1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 11/17/2005 11:20:
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0534393

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
INFLUENT WASTEWATER

Time of Collection: 14:00
Date of Collection: 11/10/2005
Date Received: 11/10/2005
Report Date: 11/17/2005

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		163	mg/L		EPA 405.1	11/16/2005	PM
Total Suspended Solids		52	mg/L	3	EPA 160.2	11/14/2005	DLR

Michael Moore 11/18/05

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 11/17/2005 11:20:

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0534394

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
EFFLUENT WASTEWATER

Time of Collection: 14:05
Date of Collection: 11/10/2005
Date Received: 11/10/2005
Report Date: 11/17/2005

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		<6	mg/L		EPA 405.1	11/16/2005	PM
Total Suspended Solids		11	mg/L	3	EPA 160.2	11/14/2005	DLR

Michael Moore 11/15/05

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

CITY OF NEW MEWADOWS WWTP MONTHLY REPORT

MONTH Nov YEAR 2005

DATE	DAY	TEMP	WEATHER	CL/2 RES	INN.PH	INN.FLOW	INN.TEMP	EFF.PH	EFF.FLOW	EFF.TEMP.	IN.COLOR	FLOW METER	ACT.FLOW
											FLOW END OF MONTH	276258	
11-1	Tue	37	Cloudy	.3	7.00		13.4	7.42	31.9	14.8	L Green	276862	60400
11-2	Wen	37	Cloudy	.3	7.18		18.5	6.87	44.0	16.8	Ex. L-Green	277355	49,300
11-3	Thur	32	Cloudy	.15	7.32		16.2	6.72	65.8	15.3	Ex L Green	278217	86200
11-4	Fri.	29.2	Cloudy	.05	8.18		13.1	8.05	82.5	16.1	L Green	279370	115,380
11-5	Sat.	27.2	Cloudy	.05	8.23		11.9	8.18	53.4	27.2	L Green	280312	94200
11-6	Sun.	32	Cloudy	.04	7.34		13.0	6.96	86.6	8.9	L Green	281257	94500
11-7	Mon	32	Cloudy	.05	6.28		17.8	6.33	116.1	13.5	L Green	282635	123800
10-8	Tue	21	Cloudy	.05	7.11		11.4	7.80	134.6	9.6	L. Green	284772	223,700
10-9	Wen	11	Foggy	.3	6.86		11.2	6.56	63.2	14.2	Ex L Green	286129	135,700
10-10	Thur	17	Foggy	.4	7.99		14.5	7.93	43.8	11.2	Ex L Green	286847	71,800
10-11	Fri	28	Foggy	.4	7.41		13.8	7.68	37.3	11.0	Ex L Green	287441	59,400
11-14	Mon.	32	Snowing	.3	8.63		14.9	6.54	64.9	9.1	L. Green	288580	113,800
11-15	Tue.	8	Sunny	.4	7.45		17.4	7.95	50.1	7.9	L Green	290393	81300
11-16	Wed.	24	Cloudy	.3	8.61		16.3	8.22	49.3	7.2	L. Green	291058	63500
11-17	Thur	32	Sunny	.2	7.53		17.6	7.41	45.7	10.5	Ex L Green	291846	78700
11-18	Fri.	—	Sunny	0.5	8.63		16.9	7.01	43.2	15.3	Green	292346	50000
11-21	Mon	16	Sunny	0.5	9.81		18.2	6.82	45.9	12.4	Green	294313	196700
11-22	Tue	14	Sunny	0.3	6.85		12.2	6.68	43.6	18.4	Ex L Green	294996	68300
11-23	Wed	9	Sunny	0.4	6.67		15.7	6.82	40.9	9.5	Ex L. Green	295586	59000
11-28	Mon	-5	Sunny	0.3	8.89		18.9	6.47	35.8	8.0	Ex L. Green	299064	342800
11-29	Tue	23	Partly Cloudy	.0	6.80		20.1	6.51	52.9	13.7	Clear	299702	163800
11-30	Wed	4	Clear	.05	6.93		17.1	6.49	57.6	7.6	Ex. L. Green	300622	92000

NAME: NEW MEADOWS, CITY OF (WWTP)
ADDRESS: P.O. BOX 324
NEW MEADOWS ID 83654
FACILITY LOCATION: NEW MEADOWS, CITY OF (WWTP)
NEW MEADOWS ID 83654

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-000

PERMIT NUMBER	DISCHARGE NUMBER
ID0023159	001 A

MINOR PL92-500
(SUBR 02)
F - FINAL

MONITORING PERIOD
FROM YEAR MO. DAY TO YEAR MO. DAY

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******	*** ****	******	163	******	(19) MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT	******	******		******	REPORT MO AVG	******			INCL/ MONTH	COMP
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<4.2	******	(26) LBS/DY	******	<6	******	(19) MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT	135 WKLY AVG	******		******	45 WKLY AVG	******			INCL/ MONTH	COMP
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<4.2	******	(26) LBS/DY	******	<6	******	(19) MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT	90 MO AVG	******		******	30 MO AVG	******			INCL/ MONTH	COMP
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	*** ****	6.33	******	8.22	(12) SU	0	22/30	GRAB
	PERMIT REQUIREMENT	******	******		6.5 INST MIN	******	9.0 INST MAX			RECRD	GRAB
SOLIDS, TOTAL SUSPENDED 00530 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******	*** ****	******	52	******	(19) MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT	******	******		******	REPORT MO AVG	******			INCL/ MONTH	COMP
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7.7	******	(26) LBS/DY	******	11	******	(19) MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT	135 WKLY AVG	******		******	45 WKLY AVG	******			INCL/ MONTH	COMP
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.7	******	(26) LBS/DY	******	11	******	(19) MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT	90 MO AVG	******		******	45 MO AVG	******			INCL/ MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 gather and evaluate 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE, NUMBER

DATE — YEAR, MO, DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MONITORING LOCATION "W" IS FOR EFFLUENT

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

01600/0 This is a 4-part form PAGE OF

NAME NEW MEADOWS, CITY OF (NWTP)
ADDRESS P.O. BOX 324
NEW MEADOWS ID 83654

FACILITY NEW MEADOWS, CITY OF (NWTP)
LOCATION NEW MEADOWS ID 83654

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID0023159	001 A

MINOR PL92-500
(SUBR 02)
F - FINAL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	11	01	TO	03	11	30

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.0840	0.1153	(03) MGD	******	******	******	**** ****	0	CONTIN	RCORDR
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DPD MAX		******	******	******			CONTIN MONS	RECORD
CHLORINE, TOTAL RESIDUAL 50060 N 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.18	******	(26) LBS/DY	******	0.25	******	(19) MG/L	0	21/30	GRAB
	PERMIT REQUIREMENT	2.3 WKLY AVG	******		******	0.75 WKLY AVG	******			WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.18	******	(26) LBS/DY	******	0.25	******	(19) MG/L	0	21/30	GRAB
	PERMIT REQUIREMENT	1.5 MO AVG	******		******	0.5 MO AVG	******			WEEKLY	GRAB
E.COLI 51040 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	*** ****	******	<1	<1	(13) #/ 100ML	0	3/30	GRAB
	PERMIT REQUIREMENT	******	******		******	126 MO GEOMN	406 INST MAX			5 DAS/ MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******	*** ****	>96	******	******	(23) PER-CENT	0	1/30	CALC
	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******			ONCE/ MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL 11 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******	*** ****	79	******	******	(23) PER-CENT	0	1/30	CALC
	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******			ONCE/ MONTH	CALCUL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 gather and evaluate 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MONITORING LOCATION "N" IS FOR EFFLUENT