



Analytical Laboratories, Inc.

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<http://www.analyticallaboratories.com>

Rec'd 9/23/05

Laboratory Analysis Report

Sample Number: 0527640

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

Collected By: M MOORE
Submitted By: M MOORE

Source of Sample:
WWTP INFLUENT

Time of Collection: 14:55
Date of Collection: 9/13/2005
Date Received: 9/14/2005
Report Date: 9/21/2005

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		184	mg/L		EPA 405.1	9/19/2005	DLR
Total Suspended Solids		61	mg/L	3	EPA 160.2	9/16/2005	DLR



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME NEW MEMPHIS, CITY OF (WRTP)
 ADDRESS P.O. BOX 324
 NEW MEMPHIS ID 00654

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

PERMIT NUMBER 001A
 DISCHARGE NUMBER

WATER PL92-500
 (SBR 02)
 F - FINAL

Unit Approval
 OMB No. 2040-0004

FACILITY NEW MEMPHIS, CITY OF (WRTP)
 LOCATION NEW MEMPHIS ID 00654

MONITORING PERIOD
 FROM YEAR 00 MO 09 DAY 01 TO YEAR 00 MO 09 DAY 30

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOOR, IN CONDUIT OR TANK TREATMENT PLANT	PERMIT REQUIREMENT	BELOW 1 MG AVG	BELOW 1 DIB MAX	NSD	*****	*****	*****	*****	*****	*****
50050 1 0 0 EFFLUENT	PERMIT REQUIREMENT	*****	*****	(26)	*****	*****	*****	*****	*****	*****
CHEMICAL, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	*****	*****	*****	*****
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	(26)	*****	*****	*****	*****	*****	*****
CHEMICAL, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	MG/D	*****	*****	*****	*****	*****	*****
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/D	*****	*****	*****	*****	*****	*****
51040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/D	*****	*****	*****	*****	*****	*****
BOD5, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	PERCENT	*****	*****	*****	*****	*****	*****
81010 R 0 0 BOD5, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	PERCENT	*****	*****	*****	*****	*****	*****
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	PERCENT	*****	*****	*****	*****	*****	*****
81011 R 0 0 SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	PERCENT	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY