

Rec'd  
7/21/05



# Analytical Laboratories, Inc.

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

<http://www.analyticallaboratories.com>

## Laboratory Analysis Report

Sample Number: 0519491

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

**Collected By:** C ELLIS  
**Submitted By:** GRYHND/J WILSON

**Source of Sample:**  
WWTP LAGOON (TREATED WASTEWATER)

**Time of Collection:** 15:30  
**Date of Collection:** 7/6/2005  
**Date Received:** 7/7/2005  
**Report Date:** 7/11/2005

**PWS#:**  
**PWS Name:** CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		4	MPN/100mL		SM 9223	7/8/2005	JG

*Michael Moore*

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



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## Laboratory Analysis Report

Sample Number: 0520570

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

**Collected By:** C ELLIS  
**Submitted By:** GRYHND/J WILSON

**Source of Sample:**  
WWTP LAGOON (TREATED WASTEWATER)

**Time of Collection:** 15:30  
**Date of Collection:** 7/14/2005  
**Date Received:** 7/15/2005  
**Report Date:** 7/19/2005

**PWS#:** 3020012

**PWS Name:** CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		8	MPN/100mL		SM 9223	7/16/2005	RLV

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## Laboratory Analysis Report

Sample Number: 0521195

**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:** 13:35  
**Date of Collection:** 7/19/2005  
**Date Received:** 7/20/2005  
**Report Date:** 7/26/2005

**PWS#:**

**PWS Name:** CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		219	mg/L		EPA 405.1	7/25/2005	DLR
Total Suspended Solids		140	mg/L	3	EPA 160.2	7/22/2005	DLR

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*Rec'd 8/01/05*

## Laboratory Analysis Report

Sample Number: 0521196

**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 EFFLUENT

**Time of Collection:** 13:45  
**Date of Collection:** 7/19/2005  
**Date Received:** 7/20/2005  
**Report Date:** 7/26/2005

**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	7/21/2005	RLV
Biochemical Oxygen		<7	mg/L		EPA 405.1	7/25/2005	DLR
Total Suspended Solids		11	mg/L	3	EPA 160.2	7/22/2005	DLR

*Michael Moore*

Thank you for choosing Analytical Laboratories for your testing needs.

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Rec'd 8-04-05



# Analytical Laboratories, Inc.

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Boise, Idaho 83703  
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<http://www.analyticallaboratories.com>

## Laboratory Analysis Report

Sample Number: 0521540

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

**Collected By:** C ELLIS  
**Submitted By:** GRYHND/J WILSON

**Source of Sample:**  
WWTP LAGOON TREATED WASTEWATER

**Time of Collection:** 15:30  
**Date of Collection:** 7/21/2005  
**Date Received:** 7/22/2005  
**Report Date:** 7/27/2005

**PWS#:**  
**PWS Name:** CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		19	MPN/100mL		SM 9223	7/23/2005	RLV

Thank you for choosing Analytical Laboratories for your testing needs.  
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Boise, Idaho 83703  
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*Rec'd 8/8/05*  
*(at)*  
<http://www.analyticallaboratories.com>

## Laboratory Analysis Report

Sample Number: 0522124

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

Collected By: C ELLIS  
Submitted By: BUS/N ROBERTS

Source of Sample:  
WWTP LAGOON TREATED WASTEWATER

Time of Collection: 15:30  
Date of Collection: 7/27/2005  
Date Received: 7/28/2005  
Report Date: 8/2/2005

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	7/29/2005	CP

Thank you for choosing Analytical Laboratories for your testing needs.  
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Rec 8/29/05



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Boise, Idaho 83703  
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## Laboratory Analysis Report

Sample Number: 0522124

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

**Collected By:** C ELLIS  
**Submitted By:** BUS/N ROBERTS

**Source of Sample:**  
WWTP LAGOON TREATED WASTEWATER

**Time of Collection:** 15:30  
**Date of Collection:** 7/27/2005  
**Date Received:** 7/28/2005  
**Report Date:** 8/2/2005

**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	7/29/2005	CP

Thank you for choosing Analytical Laboratories for your testing needs.  
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MDL = Method/Minimum Detection Limit  
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**CITY OF NEW MEADOWS**  
**JULY,2005 DAILY MONITOR REPORT**

<u>DATE</u>	<u>CL/2 RES</u>	<u>INN.PH</u>	<u>INN.TEMP</u>	<u>EFF.PH</u>	<u>FLOW MGPD</u>	<u>EFF.TEMP</u>	<u>ACT.FLOW</u>
July 01, 2005	0.50	7.070	17	7.31	0.077	18.3	71,300
July 05, 2005	0.40	7.100	18.4	7.46	0.068	22.3	301,300
July 07, 2005	0.50	7.120	18.6	7.52	0.068	22.2	
July 08, 2005	0.50	7.110	18.3	7.53	0.068	22.1	
July 11, 2005	0.30	7.150	19.4	7.47	0.079	22.0	321,300
July 12, 2005	0.40	7.520	18.7	7.63	0.065	21.0	65,300
July 13, 2005	0.30	7.600	18.9	6.73	0.068	21.1	60,300
July 14, 2005	0.30	7.420	18.6	7.23	0.059	19.9	57,500
July 15, 2005	0.30	7.510	18.5	7.34	0.054	20.0	48,900
July 18, 2005	0.40	7.600	18.4	7.41	0.050	20.1	143,500
July 19, 2005	0.30	7.100	17.8	6.57	0.052	19.9	47,900
July 20, 2005	0.30	7.300	17.9	7.01	0.046	20.2	44,100
July 21, 2005	0.30	7.150	17.8	7.10	0.039	21.0	36,500
July 22, 2005	0.10	7.550	18.3	6.58	0.059	21.9	48,900
July 25, 2005	0.50	7.380	20.5	7.35	0.040	17.5	127,800
July 26, 2005	0.10	7.350	20.6	6.72	0.041	17.6	35,600
July 27, 2005	0.40	7.410	21	6.85	0.051	14.9	40,400
July 28, 2005	0.40	7.340	19.2	7.35	0.051	18.9	44,900
July 29, 2005	0.30	6.540	19.1	7.30	0.053	18.9	52,000

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AVERAGE 'CL/2 RES.':	0.347
MINIMUM 'CL/2 RES.':	0.100
MAXIMUM 'CL/2 RES.':	0.500
AVERAGE INN.PH:	7.280
MINIMUM INN.PH:	6.540
MAXIMUM INN.PH:	7.600
AVERAGE INN.TEMP:	18.789
MINIMUM INN.TEMP:	17.000
MAXIMUM INN.TEMP:	21.000
AVERAGE EFF.PH:	7.182
MINIMUM EFF.PH:	6.570
MAXIMUM EFF.PH:	7.630
AVERAGE FLOW MGPD:	0.057221053
MINIMUM FLOW MGPD:	0.039
MAXIMUM FLOW MGPD:	0.079
AVERAGE EFF.TEMP:	19.989
MINIMUM EFF.TEMP:	14.900
MAXIMUM EFF.TEMP:	22.300
TOTAL ACT.FLOW:	1547500.000

CITY OF NEW WADSWORTH WWTP MONTHLY REPORT

MONTH July 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
7-1	Fri	54	Clear	1.5	7.07		17.0	7.31	53.4	18.3	Flow End of Month Lowest	2483304 249017	713 600
7-2	Sat												
7-3	Sun	51	Clear	1.4	7.10		18.4	7.46	46.9	22.3	Clear	252030	3,213.00
7-4	Mon	53	Clear	1.3	7.12		18.6	7.54	47.3	22.3	Clear		
7-5	Tue	52	Clear	1.3	7.14		18.3	7.58	47.1	22.1	Clear		
7-6	Wed	53	Clear	1.3	7.15		19.4	7.47	54.9	22.0	Clear	255243	3,213.00
7-7	Thu	58	Clear	1.3	7.60		18.7	7.63	45.2	21.0	Clear	255806	6,530.00
7-8	Fri	51	Clear	1.3	7.48		18.9	7.28	46.9	21.1	Clear	256499	6,030.00
7-9	Sat	45	Clear	1.3	7.51		18.6	7.28	40.7	19.9	Clear	257074	5,750.00
7-10	Sun						18.5	7.24	37.5	20.0	Clear	257568	4,890.00
7-11	Mon	47	Clear	1.4	7.60		18.4	7.41	35.0	20.1	Clear	258738	1,435.00
7-12	Tue	49	Clear	1.3	7.60		17.8	7.47	35.3	19.9	Clear	259477	4,790.00
7-13	Wed	48	Clear	1.3	7.50		17.9	7.01	30.1	20.2	Clear	259983	4,410.00
7-14	Thu	49	Clear	1.3	7.15		17.8	7.10	27.2	21.0	Clear	260288	3,650.00
7-15	Fri	62	Clear	1.1	7.55		18.3	6.48	40.9	21.9	Clear	260979	4,890.00
7-16	Sat	46	Clear	1.5	7.38		20.5	7.35	27.5	17.5	Clear	262055	1,878.00
7-17	Sun	38	Clear	1.1	7.25		20.6	6.72	28.7	17.6	Clear	262411	3,560.00
7-18	Mon	48	Clear	1.4	7.41		21.2	6.85	35.6	17.8	Clear	262818	4,040.00
7-19	Tue	47	Clear/Rain	1.4	7.34		17.2	7.35	35.4	18.9	Clear	263864	4,790.00
7-20	Wed	50	Clear	1.3	6.54		19.1	7.30	37.1	18.9	Clear	263784	5,200.00

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: NEW MEADOWS, CITY OF (NMTP)  
 ADDRESS: P.O. BOX 324  
 NEW MEADOWS ID 00654

FACILITY: NEW MEADOWS, CITY OF (NMTP)  
 LOCATION: NEW MEADOWS ID 00654

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 ID: 00029159  
 PERMIT NUMBER: 001A  
 DISCHARGE NUMBER

MONITORING PERIOD  
 FROM: YEAR: MO: DAY: TO: YEAR: MO: DAY:  
 \*\* NO DISCHARGE

MINDR PL92-500  
 (SUBR 02)  
 F - FINAL

Form Approved  
 OMB No. 2040-0004

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			
BOD, 5-DAY (20 DEG. C)	00310 0 0	*****	*****	****	*****	219	*****	0	1/31	GRAB
RAW SEW/INFLUENT		*****	*****	****	*****	MD AVG	*****	0	1/31	GRAB
BOD, 5-DRY (20 DEG. C)	00310 0 0	*****	*****	(26)	*****	<7	*****	0	1/31	GRAB
SEE COMMENTS BELOW		*****	*****	LBS/DY	*****	MDLY AVG	*****	0	1/31	GRAB
BOD, 5-DRY (20 DEG. C)	00310 1 0	*****	*****	(26)	*****	<7	*****	0	1/31	GRAB
EFFLUENT GROSS VALUE		*****	*****	LBS/DY	*****	MD AVG	*****	0	1/31	GRAB
PH		*****	*****		6.6	*****	7.6	0	19/31	GRAB
00400 1 0		*****	*****	*****	6.5	*****	7.0	0	1/31	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	INST MIN	*****	INST MAX	0	1/31	GRAB
SOLIDS, TOTAL		*****	*****	****	*****	140	*****	0	1/31	GRAB
SOLIDS, SUSPENDED		*****	*****	****	*****	MD AVG	*****	0	1/31	GRAB
00530 0 0		*****	*****	****	*****	11	*****	0	1/31	GRAB
RAW SEW/INFLUENT		*****	*****	****	*****	MDLY AVG	*****	0	1/31	GRAB
SOLIDS, TOTAL		*****	*****	(26)	*****	11	*****	0	1/31	GRAB
SOLIDS, SUSPENDED		*****	*****	(26)	*****	MDLY AVG	*****	0	1/31	GRAB
00530 1 0		*****	*****	(26)	*****	11	*****	0	1/31	GRAB
EFFLUENT GROSS VALUE		*****	*****	LBS/DY	*****	MD AVG	*****	0	1/31	GRAB

NAME/TITLE: Robert R. Smith  
 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 208 347-2171  
 DATE: 05 8 22

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

