



# Analytical Laboratories, Inc.

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

<http://www.analyticallaboratories.com>

## Laboratory Analysis Report

Sample Number: 0500539

**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:**  
WASTEWATER LAGOON

**Time of Collection:** 15:30  
**Date of Collection:** 1/5/2005  
**Date Received:** 1/6/2005  
**Report Date:** 1/7/2005

### PWS:

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	1/7/2005	RLV

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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*Rec'd 1-18-05*  
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## Laboratory Analysis Report

Sample Number: 0501011

**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 TREATED WASTEWATER

**Time of Collection:** 15:00  
**Date of Collection:** 1/11/2005  
**Date Received:** 1/12/2005  
**Report Date:** 1/14/2005

**PWS:**

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	1/13/2005	RLV

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## Laboratory Analysis Report

Sample Number: 0501629

**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 WASTEWATER

**Time of Collection:** 15:10  
**Date of Collection:** 1/19/2005  
**Date Received:** 1/19/2005  
**Report Date:** 1/25/2005

### PWS:

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		215	mg/L		EPA 405.1	1/25/2005	JG
Total Suspended Solids		88	mg/L	3	EPA 160.2	1/22/2005	DLR

*Michael A. Moore*

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## Laboratory Analysis Report

Sample Number: 0501630

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

Collected By: M MOORE  
Submitted By: M MOORE

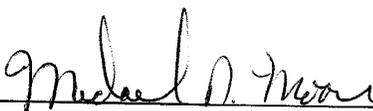
Source of Sample:  
WWTP EFFLUENT WASTEWATER

Time of Collection: 15:15  
Date of Collection: 1/19/2005  
Date Received: 1/19/2005  
Report Date: 1/25/2005

### PWS:

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	1/21/2005	RLV
Biochemical Oxygen		<7	mg/L		EPA 405.1	1/25/2005	JG
Total Suspended Solids		9	mg/L	3	EPA 160.2	1/22/2005	DLR

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

  
\_\_\_\_\_  
Michael Moore

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



# Analytical Laboratories, Inc.

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

Rec'd  
2-8-05

<http://www.analyticallaboratories.com>

## Laboratory Analysis Report

Sample Number: 0502630

**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:**  
TREATED WASTEWATER LAGOON

**Time of Collection:** 15:15  
**Date of Collection:** 1/31/2005  
**Date Received:** 2/1/2005  
**Report Date:** 2/3/2005

### PWS:

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		27	MPN/100mL		SM 9223	2/2/2005	RLV

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 MEADOWS**

**DMR REPORT**

**JANUARY, 2005 DAILY REPORT**

<u>DATE</u>	<u>CL/2 RES.</u>	<u>INN.PH</u>	<u>INN.TEMP</u>	<u>EFF.PH</u>	<u>EFF.FLOW</u>	<u>EFF.TEMP</u>	<u>ACT.FLOW</u>
January 03, 2005	0.7	7.7	8.1	73.55	39.2	5.5	306700
January 04, 2005	1	7.78	8.4	7.44	38.5	5.6	55600
January 05, 2005	0.4	7.5	8.6	7.51	46.2	5.5	58100
January 06, 2005	0.3	7.58	9.6	7.48	37.3	5.1	60600
January 10, 2005	0.3	7.54	6.3	8.29	55.2	5.1	342200
January 11, 2005	0.3	7.6	6.2	8.3	43.2	5.6	72500
January 12, 2005	0.6	7.61	7.1	8	41.8	5.5	59700
January 13, 2005	0.5	7.73	10	7.84	39.2	5.8	58500
January 17, 2005	0.4	7.78	9.6	7.81	51.3	6.4	277500
January 18, 2005	0.4	7.64	10.2	7.11	58.2	8.8	68400
January 19, 2005	0.3	7.87	10.6	7.6	46.4	8.4	71100
January 20, 2005	0.4	7.76	10.4	7.5	43.2	7.8	66900
January 24, 2005	0.5	7.3	5.8	7.81	44.3	9	242000
January 25, 2005	0.5	7.51	5.9	7.8	40.5	9.1	61200
January 26, 2005	0.4	7.5	5.6	7.84	37.7	8.5	56700
January 27, 2005	0.3	7.6	5.5	7.8	39.8	8.7	61100
January 31, 2005	0.4	7.34	9.9	7.65	48.3	7.1	245700

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<b>AVERAGE 'CL/2 RES.':</b>	0.452941176
<b>MINIMUM 'CL/2 RES.':</b>	0.3
<b>MAXIMUM 'CL/2 RES.':</b>	1
<b>AVERAGE INN.PH:</b>	7.608235294
<b>MINIMUM INN.PH:</b>	7.3
<b>MAXIMUM INN.PH:</b>	7.87
<b>AVERAGE INN.TEMP:</b>	8.105882353
<b>MINIMUM INN.TEMP:</b>	5.5
<b>MAXIMUM INN.TEMP:</b>	10.6
<b>AVERAGE EFF.PH:</b>	11.60764706
<b>MINIMUM EFF.PH:</b>	7.11
<b>MAXIMUM EFF.PH:</b>	73.55
<b>AVERAGE EFF.FLOW:</b>	44.13529412
<b>MINIMUM EFF.FLOW:</b>	37.3
<b>MAXIMUM EFF.FLOW:</b>	58.2
<b>AVERAGE EFF.TEMP:</b>	6.911764706
<b>MINIMUM EFF.TEMP:</b>	5.1
<b>MAXIMUM EFF.TEMP:</b>	9.1
<b>TOTAL ACT.FLOW:</b>	2164500

CITY OF NEW MEADOWS WWTP MONTHLY REPORT

MONTH JAN 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													
												<b>40671</b>	
1-3	Mon	4	Foggy	.7	7.10		8.1	7.55	39.7	5.5	EXL. Green	43739	306700
1-4	Tue	11	Clear	1.0	7.18		8.4	7.44	38.5	5.6	EXL. Green	44294	55600
1-5	Wed	14	Clear	.4	7.50		8.6	7.51	46.2	5.5	" "	44875	58100
1-6	Thurs	7	pt Cloudy	.5	7.58		9.6	7.48	37.3	5.1	" "	45481	60600
1-10	mond	81	cloudy	.3	7.54		6.3	8.28	55.2	5.1			
1-11	Tue	18	Cloudy	.3	7.60		6.2	8.30	43.2	5.6	EXL. Green	48303	342200
1-12	Wed	14	Snow	.6	7.68		7.1	8.00	44.8	5.5	" "	49698	78500
1-13	Thurs	23	Snow	.5	7.73		1.0	7.94	39.2	5.8	" "	52225	59200
												58810	58500
1-17	Mon	29	cloudy	.4	7.78		9.6	7.81	57.3	5.4	" "		277500
1-18	Tue	32	cloudy	.4	7.84		10.2	7.11	58.2	5.8	" "	53585	68400
1-19	Wed	31	cloudy	.3	7.87		10.6	7.60	46.4	5.6	" "	54989	71100
1-20	Thurs	25	Snow	.4	7.96		12.4	7.50	43.2	5.4	" "	55219	66200
1-24	mond	2	Clear	.5	7.30		5.8	7.81	44.3	9.0	" "		
1-25	Tue	6	Fog	.5	7.51		5.9	7.80	40.5	9.1	EXL. Green	58039	248000
1-26	Wed	15	Light Rain	.4	7.50		5.6	7.84	39.7	8.5	" "	58651	61200
1-27	Thurs	32	Rain	.8	7.60		5.5	7.80	39.8	8.7	" "	59309	56700
												61100	
1-31	mond	14	Clear		7.34		9.9	7.65	40.3	7.1	" "	62200	245700

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME NEW MEADOWS, CITY OF (NMTP)  
 ADDRESS P.O. BOX 324  
 NEW MEADOWS ID 83654

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 ID 0023199 PERMIT NUMBER  
 001A DISCHARGE NUMBER

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY

MINOR (SUBR 02) PLS2-500  
 F - FINAL

NOTE: Read instructions before completing this form.

Form Approved  
 OMB No. 2040-0004

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
BOD, 5-DRY (20 DEG. C)	00310 6 0 0	2.6	*****	(26)	*****	215	*****	MG/L	0	1/31	GRAB
RAW SEM/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB
BOD, 5-DRY (20 DEG. C)	00310 M 0 0	2.6	*****	(26)	*****	<7	*****	MG/L	0	1/31	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB
BOD, 5-DRY (20 DEG. C)	00310 1 0 0	2.6	*****	(26)	*****	<7	*****	MG/L	0	1/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB
PH	00400 1 0 0	7.11	*****	*****	*****	7.11	*****	INST MIN	0	1/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	INST MAX	0	1/31	GRAB
SOLIDS, TOTAL	00530 6 0 0	3.3	*****	*****	*****	88	*****	MG/L	0	1/31	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB
RAW SEM/INFLUENT	00530 M 0 0	3.3	*****	(26)	*****	9	*****	MG/L	0	1/31	GRAB
SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB
SUSPENDED	00530 W 0 0	3.3	*****	(26)	*****	9	*****	MG/L	0	1/31	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB
SOLIDS, TOTAL	00530 1 0 0	3.3	*****	(26)	*****	9	*****	MG/L	0	1/31	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB
EFFLUENT GROSS VALUE	00530 1 0 0	3.3	*****	(26)	*****	9	*****	MG/L	0	1/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L	0	1/31	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Robert R. Smith

1 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  
 Robert R. Smith  
 TELEPHONE AREA CODE NUMBER DATE YEAR MO DAY  
 202 347-2171 05 02 14

